# City of Salford

# ANNUAL REPORT

OF THE

# Medical Officer of Health

FOR THE YEAR

## 1951

BY

J. L. BURN, M.D., D.Hy., D.P.H.,

MEDICAL OFFICER OF HEALTH

# City of Salford

# ANNUAL REPORT

OF THE

# Medical Officer of Health

FOR THE YEAR

## 1951

BY

J. L. BURN, M.D., D.Hy., D.P.H.,

MEDICAL OFFICER OF HEALTH

# Members of the Health Committee,

## 1951.

---

Alderman W. W. CRABTREE, *Chairman.*

Councillor J. HALL, *Deputy-Chairman.*

Alderman V. A. DARLEY, J.P. (*Mayor*).
,, F. COWIN, J.P. (*Deputy-Mayor*).
,, J. BRENTNALL, J.P.
,, G. H. GOULDEN, J.P.
,, J. SHLOSBERG.
,, M. WHITEHEAD (Miss).
Councillor C. BROOKES.
,, M. E. BUTLER, J.P. (Mrs.).

Councillor A. E. CLARK.
,, E. M. COOPER (Mrs.).
,, C. R. V. HAYNES, J.P.
,, E. E. MALLINSON (Mrs.).
,, F. M. MARRON (Mrs.).
,, G. A. MARSHALL.
,, T. H. MELLOR, J.P.
,, N. WRIGHT.

# STAFF—1951.

---

MEDICAL OFFICER OF HEALTH ... J. L. BURN, M.D., D.Hy., D.P.H.

## MATERNITY AND CHILD WELFARE.

Senior Medical Officer ... ... Miss M. SPROUL, M.B., Ch.B., D.P.H.

Superintendent of Health Visitors and Nursing Staff ... ... ... Miss B. M. LANGTON, D.N. (London), S.R.N., S.C.M., H.V. Cert.

Non-Medical Supervisor of Midwives ... ... ... ... ... Miss F. M. SANDERSON, S.R.N., S.C.M., M.T.D.

Supervisor of Day Nurseries ... Miss L. HOLLIDAY, S.R.N., S.C.M.

## ANALYSIS OF FOOD AND DRUGS.

Public Analyst ... ... ... ... A. ALCOCK, A.M.C.T., F.R.I.C.

## SANITARY INSPECTION.

Chief Sanitary Inspector ... ... J. C. STARKEY, M.R.S.I.

## MENTAL HEALTH.

Senior Mental Health Visitor and Duly Authorised Officer ... E. SMITH.

## HEALTH EDUCATION.

Health Education Officer ... ... H. L. LATHAM, C.R.S.I.

## SOCIAL WELFARE INCLUDING DOMESTIC HELP.

Almoner ... ... ... ... ... Miss B. CHADWICK.

## ADMINISTRATION.

Chief Administrative Assistant... E. WOOD, C.R.S.I.

Chief Clerk ... ... ... ... ... J. F. PRESTWICH, C.R.S.I.

Medical Officer of Health's Secretary ... ... ... ... ... F. G. Dobson, C.R.S.I.

# INTRODUCTION

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my annual report on the health of the City of Salford for the year 1951.

The year 1951, generally speaking, was a good year from the point of view of the health of Salford. Apart from an outbreak of Measles which was of moderate severity and affected more than 2,000 patients, there was no serious epidemic of infectious disease.

The new low record in deaths of infants under one year of age was one of the most important achievements of the Salford Health Service during the year under review. Attention is also invited to other points of progress, for example, the opening of the new Langworthy Centre, the confirmation of the first part of the Trinity area clearance scheme, the commencement of the building of two new Day Nurseries, and the receipt of the approval of the adaptation of Jutland House as a Midwifery Training Centre. All these subjects are dealt with at greater length both in the introduction and in the body of my report and all demonstrate the importance of the preventive services and their influence upon the lives of the people. Apart from these highlights, however, the steady persistent work of the department continued day by day. The visits by Sanitary Inspectors, the work of the Nursing and Physiotherapy staffs at clinics and in the homes of the people, the daily work of the staffs of Day Nurseries and the Home Helps, all these continue to produce a cumulative beneficial effect upon the health of the community. New premises are spectacular but they can only provide the means whereby the skill and knowledge of your staff can be used to better advantage.

These are the good things, but I would not be doing my duty if I did not stress also those which are not so good. I am certainly not happy about Salford's position in relation to Tuberculosis and as indicated below I hope that it will soon be possible to inaugurate positive action (in co-operation with the Regional Hospital Board) with the Mass Miniature Radiography Service as the spearhead of a new attack upon the disease in this area.

The heavy pollution of the atmosphere, too, gives me great concern, and I ask for the Council's continued support in efforts to secure the establishment of at least one smokeless zone in the City.

The continued existence of a large number of decrepit houses and homes without adequate bathing facilities has continued so long that it is almost accepted as the normal state of affairs. It constitutes, however, a blot upon the life of the City to which I feel compelled again to draw attention. While these faults continue to exist it is impossible to be complacent about living conditions in Salford.

Below I deal at greater length with some of the more important aspects of the year's work.

HEALTH STATISTICS.

At the date of the census taken during 1951, the population of Salford was 178,036. The census was taken on 8th April, 1951, but according to the Registrar General's estimate, at mid-year 1951 the population was 176,800.

DEATH RATE. The death rate for the year was 14·0—an increase of 1·1 as compared with that for the previous year. It will be realised that in a town such as Salford in which the average age tends to increase, the death rate is unlikely to fall much lower. There are two reasons for the statement that the average age of Salford people is likely to increase—these being—

(*a*) the fact that people are living longer ; and

(*b*) the fact that so many of the younger members of the population of Salford are leaving the City.

We are actually witnessing the organised emigration of numbers of families (the majority of the parents being comparatively young) on account of housing difficulties—an unprecedented state of affairs so far as Salford is concerned which is bound to have an effect on the life of the City.

BIRTH RATE. The birth rate for the year was 17·5 as compared with 18·9 for the previous year. This fall represents one more step in the decline of the birth rate since 1947 when the very high figure of 24·2 births per 1,000 of the population was attained. The present rate is still considerably higher than the pre-war rates which were 15·8 and 14·9 in 1938 and 1939 respectively.

INFANTILE MORTALITY RATE. There is much reason for congratulation in the fact that the infantile mortality rate (i.e., the number of deaths of infants under one year of age per 1,000 live births) was 35. This represents a new low level for Salford, the lowest figure hitherto being 42 in 1948. To appreciate the great advances in the preservation of infant life which have been made, it is sufficient to compare the present infantile mortality rate with that of 50 years ago (1901) which was 205, and 25 years ago (1926) which was 103.

MATERNAL MORTALITY RATE PER 1,000 TOTAL BIRTHS. It is a matter for regret that the record of the previous two years, in neither of which were there any deaths of women in pregnancy or child birth in this City, could not be maintained for 1951. It would have been extraordinary if it had been possible to maintain such a record for three consecutive years.

TUBERCULOSIS. The Salford death rate increased from 0·4 in 1950 to 0·5 in 1951. It is now clear that from the point of view of tuberculosis of the respiratory system, Salford holds an unenviable position in the country as a whole. Mass radiography has shown the existence of a number of cases of tuberculosis hitherto unknown and therefore untreated, but up to the present it has been applied to only a comparatively small proportion of the population. There are certainly a number of people in Salford who are unaware that they are suffering from tuberculosis and who are unwittingly infecting others. Whether this number is higher proportionately than exists in the remainder of the country is unknown, but the fact remains that Salford's position in this respect is bad. The first step should be to ascertain, as far as possible, the identities of such persons and I am hoping, in co-operation with the Manchester Regional Hospital Board, to arrange for mass radiography facilities to be made available on a very large scale to the whole of the population

in Salford within the comparatively near future. While the facilities can be made available, it is clear, of course, that the public themselves must co-operate in order to obtain satisfactory results. Once the public understands that the solution of this problem is to a large measure in its own hands, I feel sure that we can rely upon its willing support.

CANCER. It is good to note that the death rate from cancer fell from 2·3 in 1950 to 2·1 in 1951, but I am doubtful whether this can be regarded as more than a temporary improvement. Research into this dread disease is continually taking place, but much research is still required into the cause of cancer as well as its cure. I hope that in the near future it will be possible to enlist the aid of general practitioners in obtaining evidence as to the causation of cancer in patients under their care and that widespread enquiries such as these may produce evidence which will be of help in the prevention or early treatment of cancer.

SMOKE ABATEMENT. In my last annual report I gave particulars of areas in the western portion of the City which it was hoped it would be possible to declare by Order areas where smoke emission would constitute an offence. The proposed zones contained 4,913 dwellinghouses and 94 industrial and commercial premises. An official enquiry was held on 2nd October, 1951, at which considerable opposition was experienced, mainly from property owners. The result of the enquiry was not made known until 26th May, 1952, when the Minister of Housing and Local Government informed the Town Clerk that after consultation with the Minister of Fuel and Power on the question of supplies of smokeless fuels, he had decided that he would not be justified in confirming the Order at that time. The Minister added that in reaching this decision he had had particularly in mind information from the Minister of Fuel and Power that adequate supplies of smokeless fuels were not likely to be available and the fact that the extensive conversion of existing grates which would be necessary would consume more steel than could be spared at present. While the decision of the Minister is disappointing to all those who have at heart the desire for an unpolluted atmosphere, some satisfaction may be derived from the fact that the Ministry's letter leaves room for hope that the objections to the proposed establishment of smokeless zones in Salford are of a temporary nature only and that it may be only a question of time before smokeless zones are established in the City, either in the shape originally proposed or in some other form.

## HOUSING.

TRINITY CLEARANCE AREA. The need for the clearance of large numbers of dwellinghouses unfit for human habitation has been so long understood in Salford and yet by reason of the war and other causes the operation has been so long postponed that the confirmation by the Ministry of Local Government and Planning of the City of Salford, Trinity Clearance Area (No. 1) Compulsory Purchase Order, 1949, came almost as a surprise ; for that reason and because of the fact that it heralded what it is hoped will be a new campaign against slum property, it was doubly welcome. The number of premises affected by the Order is 486. As the Committee are aware, many formalities are necessary in connection with schemes of this nature, but by the end of 1951 it had been possible to comply with many of these. The first removal of a tenant to another site took place in the first week in November, 1951.

The rate of removal and demolition is dependent, as will be appreciated, upon the rate of re-housing. Unfortunately this has not proceeded as rapidly as had been hoped mainly because the Housing Committee had not found itself able to provide alternative accommodation as rapidly and to as great an extent as had been expected.

It is hoped that re-housing under this scheme will be completed within the next eighteen months.

CARE OF MOTHERS AND YOUNG CHILDREN, DOMICILIARY MIDWIFERY SERVICE, &C.

A full report upon the operation of these services will be found upon pages 49 to 74. Particular attention is invited to the following activities which are either new or have developed since the publication of my last report.

(1) TODDLER SESSIONS. The initiation in 1950 of the provision of toddler sessions at Maternity and Child Welfare Clinics proved successful, and the service has now been developed so as to provide eight sessions weekly for children between 1 and 5 years of age. There is no doubt that this new activity has met a real need and is appreciated by mothers.

(2) BREAST FEEDING. A new appointment, namely, that of a breast feeding sister, was made early in 1951. The duties of this officer include the visiting in their own homes of mothers in need of advice on this subject and attendance at ante-natal clinics. Here again, the service has proved its worth by the results achieved.

(3) NEW NURSERIES. The building of two new nurseries in Hayfield Terrace, Pendleton, and Bradshaw Street, Broughton, commenced during 1951. Each nursery will have accommodation for 50 children and it is hoped that they will help to relieve the long waiting list.

(4) Activities in the new LANGWORTHY CENTRE commenced on 17th September, 1951. As the Council are aware, negotiations for the use of this Centre, which was originally designed as a library and the work of adaptation occupied a long time. The completion of the work gave great satisfaction to those who had waited so long, for the provision of such a well equipped and spacious centre filled a long felt want in the Seedley district. The Langworthy Centre is not ideal for few adapted buildings can approach perfection but, as was stressed at the official opening which took place on 16th November, 1951, at which his Worship the Mayor presided and which was performed by Dr. G. E. Godber, Deputy Chief Medical Officer of the Ministry of Health, it represents a great stride forward in the clinic accommodation of the City, especially when contrasted with its predecessors. Although the cost of adaptation was considerable it has always been borne in mind since the scheme was first considered that a new building of suitable size would have cost far more and might not have been built for many years.

(5) JUTLAND HOUSE. After protracted negotiations the consent of the Ministry of Housing and Local Government was received in December, 1951, to the adaptation, furnishing, and equipment of Jutland House as a midwifery training centre, the Ministry of Local Government and Planning having already approved of the appropriation of the land and buildings by the Council for this purpose. Although the scheme could not be brought to fruition during 1951, it was good to know at the end of the year that its completion was

assured. At the same time, I think it desirable to remind the Committee of the concluding paragraph of my report urging the acquisition of Jutland House, which I prepared in January, 1950, as follows :—

> " At the same time, I desire to remind the Committee of the essential " importance of the Midwifery Service to childbirth, that is to the source " of the life of the people. A midwife may make or mar the life of a " young mother and her child according to whether she is good or bad, " which is tantamount to saying whether she is well or badly trained. " This is perhaps my strongest argument for urging the Committee to " obtain the best possible conditions for their Midwifery Training Service, " and I strongly recommend them to ask the Council to make ' Jutland " House ' available for this purpose."

The use of these premises is not confined to the training of midwives but includes a Breast Feeding Clinic, the Night Midwifery Service, and headquarters of the Premature Baby Service. The premises are particularly well situated having regard to the needs of the Midwifery Service.

### Health Visiting Service.

As mentioned previously the Health Visiting Service has been expanded considerably since the passing of the National Health Service Act, 1946, inasmuch as health visitors are now concerned with the health of all the people instead of only mothers and young children. Details regarding the work of health visitors are given at length on pages 75 to 87 of this report, but I wish to draw attention to the undermentioned special points.

The development of the service has necessitated a certain amount of reorganisation owing to the large increase in activities and consequently in staff employed.

It has not been possible to obtain an adequate supply of health visitors, but to a certain extent this difficulty has been overcome by the use of ancillary staff, e.g., clinic nurses and hygiene attendants.

Reorganisation has included the appointment of health visitors for special purposes, e.g., in connection with—

(*a*) the unmarried mother and her child ;
(*b*) the aged and infirm ;
(*c*) the child neglected in its own home ;
(*d*) the co-ordination of hospital work (obstetric section) with home visiting.

Although it has not been possible to recognise these specialist appointments in a financial sense, enough has been done to justify the belief that appointments of this type are well worth while.

One of the noteworthy features of the year's work has been the establishment of connecting links with other branches of the National Health Service ; for example, there has been a close liaison between the chest physician and the health visitors specialising in tuberculosis work. Many meetings have taken place with reference to this subject and a sound working basis has been established. Similarly, meetings have been attended at regular intervals by the geriatric specialist, appointed by the Regional Hospital Board, and representatives of the department, with reference to the care of the aged.

It is impossible in this introduction to give an adequate picture of the vast amount of work performed by, and the importance of information collated by health visitors in the course of their duties. To obtain such a picture, it will be necessary to read the detailed report, but it takes little imagination to realise that the health visiting service provides one of the closest links in public life between families in need of information and assistance and an organisation which has their welfare at heart. Health visitors are daily in touch with the lives of the people—they know their cares and responsibilities, and I have no hesitation in saying that they do their utmost to give all the assistance in their power, and where they themselves are unable to help directly, to put the people in touch with organisations which can help them.

## Care of the Aged.

Every effort to help old people has been made during the year, so far as the department is able to do so, by visits paid by the health visitor and by providing a home help where needed. The appointment too, of a Consultant by the Regional Hospital Board with special responsibilities for the care of the aged has been of great value. There is no doubt that the problem of the care of the aged in an ever ageing population will become greater as the years pass. Much can be done for old people living at home who are able even to a slight degree to help themselves, but one of the greatest difficulties of all is to provide for the elderly person unable to care adequately for himself or herself who is not in need of a hospital bed for purposes of treatment, but yet is not sufficiently able-bodied to be suitable for admission to a home provided by the Civic Welfare Department. This is a nation-wide problem which depends for its solution largely upon the manpower and material accommodation available. Until " halfway houses " for this type of case are available, it will be largely a question of doing one's best under far from ideal conditions to ameliorate their lot during their closing years. So far as I can see, until accommodation of the type referred to is provided on a considerable scale, the only possible alternative is the provision of an adequate home help service. It is, of course, questionable whether the nation will ever be able to support the provision of the vast amount of accommodation and staff which would be needed to maintain the " half-way house " system on a large scale.

Perhaps it is not generally realised that the provision of help for aged people in their own homes is not such an altruistic act as might appear at first sight so far as the community as a whole is concerned. The employment of a home help at a comparatively low wage in many cases has rendered unnecessary admissions to residential accommodation for long periods at a much greater cost to the nation. Further, other members of the family such as the unmarried son or daughter are enabled to continue their ordinary employment and so add to the communal well-being.

## Home Nursing Service.

One of the successes of the National Health Service has undoubtedly been the development of the Home Nursing Service. As the Council know difficulties were experienced when the local health authority first took over this service, owing to lack of staff. To an extent, however, this difficulty has been overcome with the result that it has been possible to nurse more patients in their own homes than formerly. For example, the number of visits paid by the Salford Home Nursing Service during 1951 was 38,233 as compared with 35,568 in 1950. This service has been rendered to people unable to leave their own homes in order to attend doctors' surgeries and has also avoided

the necessity of admission to hospital in a large number of cases. It has, therefore, been doubly valuable. Much credit is due to the members of the staff who have carried out their duties under considerable difficulties and in all weathers.

## Mental Health.

The Mental Health Department continued its valuable work during 1951, but unfortunately there was no sign of a need for its reduction or cessation. On the other hand the psychological problems appear to increase owing, probably, to the stress and speed of modern life. In official machinery there was a considerable improvement during the year as it was found possible to obtain the admission of patients, particularly female patients to mental hospitals more readily than at any time since 1948. In September, 1951, the consent of the Minister of Local Government and Planning was received to the acquisition and adaptation of the Friends' Meeting House, Langworthy Road, Pendleton, for use as an Occupation Centre for Mental Defectives. In acquiring this property the Council had in mind the provision of an additional Occupation Centre for patients of the adult type for whom the existing occupation centres were inadequate and unsuitable. It is proposed that the types of occupation to be provided at the new centre will be more suitable to their ages, e.g., elementary joinery, boot and shoe making, handicrafts, etc.

## Salford Health Services Joint Advisory Council.

I feel that this report should not be published without some reference to the work performed by the above-mentioned Council which has now been in existence for nearly two years, during which period it has formed an invaluable connection between the three branches of the National Health Service in this area. The discussions of the Advisory Council have covered a wide field and by mutual agreement have produced important results. For example, following discussions by the Advisory Council, the Regional Hospital Board agreed to appoint a physician with special duties relating to the chronic sick and the aged. These duties have included visiting old people in their own homes and have been the means of establishing a close liaison between the physician, the general practitioners, and the local health authority—all greatly to the advantage of the sick and aged themselves. In suitable cases, admission to hospital has been eased, while in others, the lot of the patients has been improved. Again, following consideration of the subject by the Advisory Council, twenty additional beds were provided at Ladywell Hospital for patients suffering from tuberculosis.

Group medical practice has also been considered from all aspects, and its desirability agreed upon. Perhaps, however, the most important result of the Council's deliberations has been the establishment of co-operation, in the true sense of the word, at officer level, particularly between medical and nursing staffs. It is hoped that such collaboration will continue and increase and so help to bring about a closer welding of the various activities of the health service.

The valuable results obtained from the comparatively short existence of the Advisory Council encourage one to hope that it may become a permanent and indispensable feature of the National Health Service in this area.

CHILDREN NEGLECTED IN THEIR OWN HOMES.

The Council will recollect that they entrusted to the Health Committee the co-ordination of the various activities of the Corporation related to the above-mentioned subject. This work has been tackled with energy and enthusiasm and the results have proved its necessity. Close collaboration has been achieved between the almoner and health visitors employed by the Health Committee who have co-operated to the utmost possible extent not only with other departments of the Corporation but with voluntary organisations and social agencies. The extent of this co-operation is shown by the fact that in their investigations contact has been made by periodical conferences, personal interviews, telephone calls or letters, with officers of the undermentioned organisations :—

Education Department.
Civic Welfare.
Housing Department.
Children's Department.
Manchester and Salford Council of Social Service.
Family Service Unit.
Department of Economic and Social Studies.
Probation Officer.
N.S.P.C.C.
Clergy.
General Medical Practitioners.
Hospital Almoners and Out-patient Staff.

Perhaps the outstanding feature of all this work apart from the assistance given to individual cases has been the ascertainment of the truth that taking the long view, the greatest good accrues from the attention given to " the potentially neglected child "—one more instance of the doctrine that prevention is better than cure.

In conclusion I desire to express to the members of the Health Committee my deepest gratitude for their support during 1951. The Committee's zeal for the maintenance of a high standard of service within the limits of the financial means available has been beyond praise and has been a constant source of encouragement throughout the year.

My thanks, too, are due to the staff of the Health Department for their unremitting efforts to ensure that the best possible service was made available to the public.

To chief officers of the Corporation and members and officers of the Regional Hospital Board, the Hospital Management Committee and all other public and voluntary bodies concerned with the Health Service, I also express my warm appreciation of the assistance and consideration which has been received.

I have the honour to be,

Your obedient Servant,

J. L. Burn

*Medical Officer of Health.*

HEALTH DEPARTMENT,
143, REGENT ROAD,
SALFORD, 5.

# CONTENTS.

# STATISTICAL SUMMARY, 1951.

---

**Area.**—The City of Salford has a total area of 5,202 acres.

| | |
|---|---|
| **Population.**—(Registrar-General's Estimate at Mid-year, 1951) .. .. .. .. | 176,800 |
| „ (Census, 1951) .. .. .. .. .. .. .. .. .. .. .. .. | 178,036 |

**Density.**—The Mean Density of the City is equal to 34·0 persons per acre.

| | | | |
|---|---|---|---|
| **Live Births** | **Legitimate** | **1,459 Males, 1,422 Females** .. .. .. .. | 2,881 |
| | **Illegitimate** | **98** „ **112** „ .. .. .. .. | 210 |
| | | TOTAL .. .. .. .. .. | 3,091 |

| | |
|---|---|
| **Annual Rate of Births per 1,000 of the Population** .. .. .. .. .. .. .. | 17·5 |
| **Still Births** { **Males 55**, **Females 44** } **Total** .. .. .. .. .. .. .. .. .. | 99 |
| **Annual Rate of Still Births per 1,000 Total Births** .. .. .. .. .. .. .. | 31·0 |
| **Deaths** { **Males 1,321**, **Females 1,152** } .. .. .. .. .. .. .. .. .. .. | 2,473 |
| **Annual Rate of Mortality per 1,000 of the Population** .. .. .. .. .. .. | 14·0 |
| **Percentage of Total Deaths occurring in Public Institutions** .. .. .. .. .. | 45·1% |

| **Deaths from Puerperal Causes :—** | Deaths. | Rate per 1,000 Total Births. |
|---|---|---|
| Puerperal Sepsis .. .. .. .. .. .. .. .. .. .. | .. | .. |
| Other Puerperal Causes .. .. .. .. .. .. .. .. .. | 3 | 0·9 |
| TOTAL .. .. .. .. .. | 3 | 0·9 |

**Death-rate of Infants under one year of age per 1,000 live births :—**

| | |
|---|---|
| **Legitimate, 36. Illegitimate, 19. Total** .. .. .. .. .. .. .. | 35 |
| **Deaths from Measles** (all ages) .. .. .. .. .. .. .. .. .. .. .. | 2 |
| „ „ **Whooping Cough** (all ages) .. .. .. .. .. .. .. .. .. | 2 |
| „ „ **Diarrhoea** (under 2 years of age) .. .. .. .. .. .. .. | 17 |

## TABLE M. 4.

SHOWING THE BIRTHS IN THE CITY OF SALFORD, DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTHS DURING THE YEARS 1938 TO 1951.

| Years. | Births. | | | Percentage of Illegitimate Births to Total Births | Deaths under One Year. | | | Proportion of Deaths under One Year per 1,000 Births. | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total. | Legit. | Illegit. | | Total. | Legit. | Illegit. | Total. | Legit. | Illegit. |
| 1938 ..... | 3145 | 3037 | 108 | 3·4 | 233 | 213 | 20 | 74 | 70 | 185 |
| 1939 ..... | 2925 | 2808 | 117 | 4·0 | 202 | 194 | 8 | 69 | 69 | 68 |
| 1940 ..... | 2884 | 2742 | 142 | 4·9 | 219 | 209 | 10 | 76 | 75 | 70 |
| 1941 ..... | 2518 | 2377 | 141 | 5·5 | 240 | 215 | 25 | 96 | 90 | 177 |
| 1942 ..... | 2823 | 2632 | 191 | 6·8 | 217 | 203 | 14 | 77 | 77 | 73 |
| 1943 ..... | 3085 | 2863 | 222 | 7·2 | 214 | 203 | 11 | 69 | 71 | 50 |
| 1944 ..... | 3251 | 3025 | 226 | 7·0 | 202 | 182 | 20 | 62 | 63 | 88 |
| 1945 ..... | 3022 | 2749 | 273 | 9·0 | 183 | 168 | 15 | 61 | 61 | 55 |
| 1946 ..... | 3849 | 3610 | 239 | 6·2 | 205 | 180 | 25 | 53 | 50 | 104 |
| 1947 ..... | 4220 | 3973 | 247 | 5·9 | 258 | 240 | 18 | 61 | 60 | 73 |
| 1948 ..... | 3761 | 3570 | 191 | 5·1 | 157 | 147 | 10 | 42 | 41 | 52 |
| 1949 ..... | 3628 | 3387 | 241 | 6·6 | 193 | 181 | 12 | 53 | 53 | 50 |
| 1950 ..... | 3354 | 3123 | 231 | 6·9 | 144 | 128 | 16 | 43 | 41 | 69 |
| 1951 ..... | 3091 | 2881 | 210 | 6·8 | 107 | 103 | 4 | 35 | 36 | 19 |

## TABLE M. 5.

SHOWING THE BIRTH-RATES, ALSO RATES OF MORTALITY FROM ALL CAUSES, FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES, AND FROM TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, NERVOUS DISEASES, HEART DISEASES, BRONCHITIS, PNEUMONIA AND THE INFANT MORTALITY RATE DURING THE YEARS 1938 TO 1951.

| Years | Population | Rates per 1,000 Population from | | | | | | | | | Deaths under One Year to 1,000 Births. | Marriage Rate. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Births. | Deaths, All Causes. | Seven Principal Zymotic Diseases | Tuberculosis of Respiratory System. | Cancer. | Nervous Diseases. | Heart Diseases. | Bronchitis. | Pneumonia. | | |
| 1938... | 199,400 | 15·8 | 13·1 | 0·3 | 0·9 | 1·7 | 0·8 | 2·8 | 0·6 | 1·0 | 74 | ... |
| 1939... | 196,600 | 14·9 | 14·3 | 0·2 | 0·9 | 1·8 | 0·7 | 3·8 | 0·7 | 1·0 | 69 | ... |
| 1940... | 173,200* | 16·6 | 19·1 | 0·3 | 1·1 | 2·0 | 1·1 | 5·3 | 1·7 | 1·2 | 76 | ... |
| 1941... | 159,720* | 15·8 | 16·8 | 0·4 | 1·1 | 1·7 | 1·1 | 4·3 | 1·1 | 1·2 | 96 | ... |
| 1942... | 153,300* | 18·4 | 14·5 | 0·4 | 0·9 | 2·2 | 1·0 | 3·4 | 0·9 | 0·8 | 77 | ... |
| Average 5 years | | **16·3** | **15·6** | **0·3** | **1·0** | **1·9** | **0·9** | **3·9** | **1·0** | **1·0** | **78** | ... |
| 1943... | 153,000* | 20·2 | 15·7 | 0·3 | 1·0 | 2·2 | 0·9 | 2·7 | 1·9 | 0·9 | 69 | ... |
| 1944... | 155,810* | 20·9 | 14·6 | 0·4 | 0·9 | 2·1 | 0·9 | 2·4 | 1·9 | 0·6 | 62 | ... |
| 1945... | 157,300* | 19·2 | 15·5 | 0·2 | 0·9 | 2·0 | 0·8 | 2·2 | 2·9 | 0·8 | 61 | ... |
| 1946... | 169,470 | 22·7 | 13·3 | 0·2 | 0·8 | 1·9 | 0·9 | 1·8 | 2·0 | 0·6 | 53 | ... |
| 1947... | 174,070 | 24·2 | 13·3 | 0·4 | 0·8 | 2·0 | 0·5 | 2·1 | 1·9 | 0·6 | 61 | ... |
| Average 5 years | | **21·4** | **14·5** | **0·3** | **0·9** | **2·0** | **0·8** | **2·3** | **2·1** | **0·7** | **61** | ... |
| 1948... | 178,100 | 21·1 | 11·8 | 0·2 | 0·8 | 2·1 | 0·7 | 1·6 | 1·4 | 0·4 | 42 | ... |
| 1949... | 178,900 | 20·1 | 13·1 | 0·2 | 0·6 | 1·9 | 0·7 | 2·1 | 1·8 | 0·7 | 53 | ... |
| 1950... | 177,700 | 18·9 | 12·9 | 0·1 | 0·4 | 2·3 | 0·7 | 1·9 | 1·7 | 0·5 | 43 | ... |
| 1951.. | 176,800 | 17·5 | 14·0 | 0·1 | 0·5 | 2·1 | 0·8 | 2·4 | 2·2 | 0·5 | 35 | .. |

* Civil population.

# SANITARY CIRCUMSTANCES AND ADMINISTRATION.

## Housing.

In December, 1949, a Compulsory Purchase Order under the provisions of part III of the Housing Act, 1936, was made by the Council in respect of a large unhealthy slum area comprising 14½ acres in one of the oldest parts of the City.

After observance of all necessary formalities a confirming order was issued by the Ministry, dated 21st June, 1951. Following advertisement, etc., the Order became operative on 24th August.

The numbers of buildings affected by the Order are :—

| | | |
|---|---|---|
| Dwellinghouses ... ... | 462 | |
| Public houses ... ... ... | 3 | |
| Other buildings ... ... | 21 | Totalling 486 |

Under the Order as confirmed all of these buildings will be swept away.

The only modifications made by the Minister to the Order as originally presented by the Corporation affected the three public houses, three dwelling-houses, six premises of the combined house and shop type, and a rectory ; in these cases Section 40 (2) of the Housing Act, 1936, applies, concerning payment of compensation for the buildings referred to.

There was also a direction from the Minister that payments under Section 42 of the Act (for well-maintained properties) should be made in respect of 21 houses.

With a view to orderly implementation of the Order, and to enable re-development with new dwellings to proceed as large sites of suitable size are cleared, the area has been subdivided into four sections. Corporation entry upon the various sections of the land is being effected in sequence. At the end of the year Notices to Treat and Notices of Entry had been served in respect of Sections 1 and 2.

Alternative accommodation being available at the new estates at Ladywell and Little Hulton, transfer of population from the Clearance Area commenced in November, and by the end of the year the whole of Section 1 of the area had been evacuated and demolition of the 46 buildings and clearance of site, in preparation for the building of new flats, was well forward.

Some transfer of population from Section 2 had also been accomplished before the end of December. It is anticipated that Section 2, involving 122 buildings, will be cleared by the end of March next and that subsequently removal of displaced families and clearance of sites will proceed steadily throughout the coming year until implementation of the Order entailing the rehousing of 514 families is completed.

The large scale rehousing of population above referred to is taxing the Council's housing resources to the utmost. Consequently, many decrepit houses outside the Clearance Area must perforce remain in use as dwellings notwith-standing that the authority is aware that such buildings provide shelter of the meanest description. Hence formal action under Part II of the Housing Act, 1936, is only resorted to when a house reaches the limit of unfitness.

Twelve demolition orders were made by the Council under the provisions of Section 11 of the Act during 1951 ; and in one case a closing order was made in respect of an unfit part of a building in accordance with Section 12.

It must be recorded, however, that there is increasing embarrassment caused by emergency calls for domestic accommodation arising from discovery of conditions of imminent danger. It is an unfortunate fact that very many houses, which before the war were in poor condition, are now showing serious after effects from shakings received during war-time bombing incidents. It has proved necessary from time to time to evacuate houses for demolition on this score ; the number of buildings involved in this way appears to be increasing year by year.

However, in spite of the many difficulties with which we are faced at the present time it can be said that there is gradual improvement of housing conditions for Salford people and, looking forward and having regard to the current programme of new building schemes, the speed of improvement should accelerate during the next few years.

## Milk Supply.

All milk sold in the City is produced at farms outside the district so that supervision consists of sampling and inspection of dairies.

The number of farms supplying milk is approximately 200 and these are situated in Lancashire, Derbyshire and Cheshire, in addition to the individual farm supplies, a large quantity of bulked milk is supplied to the dairies by the Milk Marketing Board.

A considerable quantity of the milk purveyed in the City is retailed by dairymen registered with other authorities. There are 786 registered purveyors of milk within the City.

One hundred and sixty-nine visits to dairies have been made during the year, special attention being paid to the methods of cleansing and sterilising utensils and milk bottles, and to the general structure and sanitation of the premises.

During 1950, 734 samples of heat-treated milk have been examined with the following results: —

PHOSPHATASE TEST.

Samples submitted ... 434 9 failures or 2·07 per cent.

METHYLENE BLUE TEST.

Samples submitted ... 230 7 failures or 3·04 per cent.

TURBIDITY TEST.

Samples submitted ... 70 Nil failures or 0·00 per cent.

## Food Poisoning.

It is interesting to note the figures of cases of food poisoning occurring in the City during the past four years.

| *Year.* | *Outbreaks.* | *No. of Cases.* | *No. of Deaths.* |
|---|---|---|---|
| 1948..... | 3 | 53 | Nil |
| 1949..... | Nil | Nil | Nil |
| 1950..... | 2 | 78 | Nil |
| 1951..... | 2 | 18 | Nil |

Considering the large amount of communal feeding which takes place in a high industrial area such as this, the number of outbreaks is very low. This is no doubt largely due to the fact that the principles of temperature control of foodstuffs is now widely understood by the caterers and canteen managers and supervisors in Salford. This principle, that of adequate heat treatment and of effective cold storage, has been emphasised for many years in this City, and whilst there is an occasional mishap there is no doubt that its application is being proved by the results shown above.

## Food Premises.

During the year 5,176 visits were made to food premises, including canteens and restaurants. These visits have played a large part in this continued upgrading of the hygienic standard of these premises. The best form of propaganda and of education is the periodic visit of the Sanitary Inspector who can by advice and persuasion instruct the food handler in the principles of food hygiene.

Notices regarding " Dogs in Shops " in accordance with the wording of the Ministry of Health Circulars are being issued to all food shops, choice is given between a printed card or an adhesive stencil.

## Ice Cream.

The number of premises selling ice cream has increased during the year, mostly on prepacked sales. A standard Code of Practice for various types of premises is operated by this and surrounding authorities and all traders display a certificate stating that the premises are registered under Section 14 of the Food and Drugs Act, 1938, for the manufacture and/or storage and sale of ice cream.

At the end of the year the number of registered premises was :—

| | |
|---|---|
| Manufacture of hot mix ice cream ..... | 17 |
| Manufacture of cold mix ice cream ..... | 12 |
| Sale of prepacked and bulk ice cream..... | 359 |

One hundred and seventy-seven samples of ice cream were submitted to the Public Health Laboratory for the Methylene Blue Test. Forty-three out of 51 samples of prepacked ice cream were placed in Provisional Grade I and only four in Provisional Grade IV.

In the cold mix class nine manufacturers had Grade I and II samples and no sample was placed in Grade IV.

Nine of the hot mix samples taken from shop premises were all Grade I and the remaining shop had four samples in Grade I and one in Grade III.

Samples from vehicles were on the whole satisfactory. Two traders maintained Grade I samples consistently but others varied. The constant opening and closing of the container coupled with the length of time on the streets affects the results of the examinations.

During the year the Ice Cream (Heat Treatment) Regulation regarding the provision of recording thermometers was brought into operation. Manufacturers with full equipment had in most cases obtained or ordered these previously but the small manufacturer was reluctant to install a thermometer which in some cases cost three times as much as the remainder of his equip-

ment. It appears probable that these small manufacturers who sell only from their shops will change to prepacked supplies or use a cold mix powder rather than incur heavy expense, although all can maintain Grade I samples throughout the year.

The manufacture of " iced lollies " has been supervised by application of Section 13 of the Food and Drugs Act, 1938, and the Clean Food Byelaws.

**Fish and Chip Shops.**

A survey of the 163 fish and chip shops operating in the City was carried out during the year. Construction and layout varied considerably from shop to shop but the standard of hygiene in the main was good.

A separate preparation room was required for each shop, the room not to be used for any domestic purposes or, in the case of cellars, for the storage of coal or other articles not connected with the business. The standard for this room, used for the cutting of wet fish and peeling and eyeing of potatoes was :—

Cement rendered walls to a height of at least 4 feet ; impervious floor ; adequately drained to a gully with a silt bucket ; smooth finish ceiling ; and adequately lighted and ventilated ; the cutting tables to be enamel topped or marble slab type.

In the Shop :—

Walls, floor and ceiling, counter and working surfaces to be easily cleansed and adequate ventilation and lighting. Fat and pulse were recommended to be stored in metal containers. The provision of a constant supply of hot water at a point convenient to the shop and preparation room was insisted upon. In most cases the scullery was convenient for this and hot water was available, but in other cases a gas geyser had to be installed.

The types of cooking ranges in use were as follows :—

| | |
|---|---|
| Gas wall ranges | 127 |
| Gas counter ranges | 11 |
| Solid fuel (coal, coke and coke breeze) | 21 |
| Coal and gas | 3 |
| Electricity | 1 |

The use of refrigerators in these shops is not extensive as the usual practice is for the occupier to buy his supplies daily. Where stocks are carried over from day to day, however, storage facilities were required.

Thirty-five fish and chip shops in the City cater for meals on the premises and in these instances we have insisted that water closet accommodation must be available to the customers.

Although some opposition was naturally encountered the majority of traders agreed and co-operated with us in our endeavour to raise the standard of hygiene in the trade. In fact a number who had to carry out improvements later remarked that they wished they had thought of the labour-saving ideas years before.

It will be noted that the requirements are mainly those of Section 13 of the Food and Drugs Act, and approximate to the Draft Regulations prepared by the National Federation of Fish Fryers and Sanitary Inspectors' Association, although the regulation prohibiting the carrying of food through a domestic room could not be enforced in this town without a major reconstruction of 80 per cent. of the premises.

At the end of the year 140 premises had been brought up to standard and in the remainder small items were still receiving attention.

Certificates of registration were issued to each shop as the work was completed.

Periodic visits are still made to all shops and the standards are being maintained.

At the end of the year the Department turned its attention to the quality of fat used in cooking and investigations are still proceeding.

## Smoke Abatement.

Who, of the general public, hazarding a guess at the quantity of smoke and soot falling on the United Kingdom each year, would be within 50 per cent. of the correct amount ? Would it be hundreds, thousands or tens of thousands of tons ? It might be put in hundreds of thousands by some, but in fact the amount is reliably estimated at 2,000,000 tons, with sulphur pollution more than double that amount.

Distribution varies according to geographical situation, wind direction and velocity, etc. Salford received a deposit of smoke and soot in the region of 1,200 tons or something short of 200 tons per square mile and is a comparatively clean city in contrast to some other areas.

A 100 years ago boiler and furnace equipment was not nearly so efficient as now, gas was in its infancy and electrical power a remote possibility. Coal consumption in 1850 was 2·5 tons per head of the population, having risen from 1 ton in fifty years. In 1900 it had risen to 4·5 tons and to 5 tons in 1913. From then on coal production has steadily fallen, less has been exported and home consumption is now about 4 tons per head of the highest population this country has known.

What then would the atmosphere have been like now but for scientific research and the inventive genius of technologists, encouraged and supported by anti-smoke legislation since the early part of the last century ? Those attributes, inventive genius and craftsmanship, have kept us in the forefront as an industrial nation, enabling us to sustain an ever-increasing population in a standard of life which is the envy of other nations.

There is still plenty of room for improvement. We now import coal and utilise only a fraction of its potential energy, we scatter 5,000,000 tons of sulphur, in the form of oxides, to the winds annually and seek allocations of the valuable substance abroad because of our total need of a meagre 2,000,000 tons of sulphuric acid.

Smoke indicates heat wastage which can now be avoided. This is a scientific and mechanical age and the nation can no longer afford its Edwardian fuel-burning equipment. The genius of the inventor and resourcefulness of the technician have evolved newer and more efficient methods of burning coal, yet there are many who retain the less effective manual stoking of furnaces as

they would some cherished antique. No matter how large or small the heat output required there is a machine to meet the occasion, a machine which will feed and burn coal at the speed necessary to meet every reasonable demand made of it, a robot carrying out its masters wishes so long as he treats it with respect. True enough some may have to think hard before embarking on expenditure of the capital involved, but can they continue to ignore the economy in fuel and labour the machine offers ? The nation cannot and is, therefore, contemplating a loan scheme to encourage the more rapid conversion of manually operated plants. It is also gratifying to find the Ministry of Fuel and Power now adopting the policy of making available grades and quantities of coal suitable to the needs of any particular mechanical stoker installed. This latter is most encouraging as it can often be the decisive factor in securing a change over, but once it is effected the frequent alteration of grade must be avoided, otherwise constant re-adjustment of the mechanism becomes necessary and efficiency is impaired.

Analysis of the black smoke emissions recorded during the year shows that on manually operated plants 70 cases were due to failure of the human element against 22 to other causes, the proportions being equal at 12 each where mechanical stoking was in operation.

Unfortunately, it is not yet possible to extract sulphur dioxide from flue gases on a commercial basis. The only processes for removing it so far developed on a large scale incur an overall cost of from seven to ten shillings per ton of coal burned without any direct financial return. The average sulphur content of British coals is 1·5 per cent. and the chemist is not likely to forget this potential source of sulphuric acid, the use of which is now such an important index of industrial prosperity. To some extent the amount of sulphur dioxide produced from the combustion of coal is being reduced through the removal of pyrites by better washing and cleaning of the coal.

Domestically we are even more wasteful of heat and therefore coal. In 1948, the last year for which statistics are available, the domestic chimney produced one-third more smoke than its industrial counterpart from only half the quantity of coal consumed, but, the sulphur dioxide emission was only half.

Traditionally designed fireplaces and kitchen ranges, which waste most of the heat evolved from the fuel still prevail. It may be that the closed heating appliance is not sufficiently pleasing in appearance in spite of its greater efficiency and cleanliness, to persuade people to forsake the open fire. It is becoming more popular, however, though more often than not relegated to the kitchen and used for the disposal of combustible domestic waste. Their virtue lies not only in the fact that they will burn unreactive fuel satisfactorily, but that their heating efficiency with any fuel is much higher than the open grate. This should appeal to the hard-pressed householder, or is the fact not yet sufficiently realised ?

It is difficult to say whether or not Salford is producing less smoke than heretofore. Smoke gauges must be affected by pollution from other areas and are too few to provide an accurate assessment.

During the last two years ten manually operated plants have been modernised, twelve new modern ones installed, three cotton mills have changed to electricity for motive power and the 50-year old retort house at Regent Road Gas Works has closed down. At the year end only four plants display any sign of overloading, two mechanical, two manual. All are receiving attention and in two of the cases orders have been placed for new or additional equipment to the value of £10,000 (approx.). Perhaps the newly inaugurated and well patronised course for boiler-firemen at the Royal Technical College is already yielding some good results, if only by creating in the men a greater interest in their work. Strangely enough publicly owned undertakings appear to lag behind. Many a hospital bed is occupied by someone suffering as a consequence of a lifetime spent in a polluted atmosphere with little or no active sunlight. Constantly one hears complaint of high laundering costs which could be halved by discontinuing an anti-social practice unworthy of us, that of unnecessarily and extravagantly charging the atmosphere with filth.

Wholesale thermo-electric generation is not the real answer when one considers the high losses accompanying generation and distribution. Gas offers a better prospect with up-to-date production methods. Both have their place in the general scheme of things however.

£100,000,000 is the estimated cost of harnessing the Severn tides. Much less than that sum would modernise our industrial and domestic heating appliances and produce a saving of 20,000,000 tons of coal each year with a minimum decrease of 300,000 tons of smoke, 100,000 tons of ash and grit and 500,000 tons of sulphur dioxide.

INDUSTRIAL BLACK SMOKE NUISANCES.

| | |
|---|---|
| Complaints | 6 |
| Observations carried out | 399 |
| Black smoke emissions recorded— | |
| Up to 2 minutes aggregate per observation | 54 |
| From 2 to 4 minutes aggregate per observation | 37 |
| From 4 to 10 minutes aggregate per observation | 27 |
| Over 10 minutes aggregate per observation | 3 |
| Observation Notices served | 67 |
| Abatement Notices served | 5 |
| Abatement Notices complied with | *7 |
| Inspections of furnace plant | 26 |
| Advisory visits | 20 |

* = 3 of these served in 1950.

NUISANCES FROM INDUSTRIAL SMOKE-NOT-BLACK.

| | |
|---|---|
| Complaints | 12 |
| Observations taken | 18 |
| Nuisances detected | 4 |
| Abatement Notices served | 2 |
| Abatement Notices complied with | 2 |
| Inspection of furnace plant | 16 |
| Advisory visits | 5 |

GRIT AND ASH EMISSION.

| | |
|---|---|
| Complaints | 3 |
| Nuisances detected | 2 |
| Observations and investigations carried out | 14 |
| Abatement Notices served | 1 |
| Abatement Notices complied with | 1 |

## Prior Approval of Steam Generating Furnaces.

Applications for certification of five proposals for new steam raising plant have been dealt with. The aggregate potential steam evaporation catered for is 42,716 lbs. per hour from 6,126 lbs. of coal, equal to an evaporation of 6·9 lbs. of steam per lb. of coal. The maximum annual coal consumption of these new plants, when installation is completed, will be approximately 5,250 tons.

The proposals were approved in each case usually after alterations suggested to the applicants.

## Noxious Effluvia

Five complaints of objectionable smelling substances polluting the atmosphere in different parts of the City were investigated, together with one detected without complaint.

They concerned leakages of producer gas from an annealing furnace at a steel works, smells occurring from the burning of old car battery cases in a house firegrate, acid fumes from a leaky still-head at a tar works, fumes from a process for recovering metal from tooth paste and shaving cream tubes, fumes from the burning of tarpaulin sheets and foundry fumes.

Two of the nuisances were abated through the offices of the Alkali Works Inspector. All the others except the last mentioned have been satisfactorily dealt with, and in that case a new extraction plant is to be installed at a cost of £700.

## Insect Pests—Municipal Disinfestation Service

Another year of practice in the field of disinfestation and preventative insect control gives the following tabular account of work accomplished.

Table 1 records the numbers of various types of premises treated.

Table 2 lists the number of operations against the various insect species.

Table 3 gives an indication of the financial aspect of the Corporation's insect control service.

**TABLE 1.**

| *Type of Premises.* | *Number Treated.* | *Total.* |
|---|---|---|
| A. Domestic Premises. | | |
| (1) Privately owned— | | |
| Occupied dwellinghouses | 505 | |
| ,, house and shop | 21 | |
| Houses let in lodgings | 16 | |
| Common lodging houses | 3 | |
| Seamen's lodging houses | 1 | |
| | | 546 |
| (2) Council owned— | | |
| Occupied houses and flats | 56 | |
| Precautionary treatment at commencement of Corporation tenancy, viz.— | | |
| Furniture at old address<br>Treatment of new home | 141 | |
| | | 197 |
| (3) Houses cleansed from vermin prior to demolition | 9 | |
| | | 9 |
| Total A | | 752 |

| *Type of Premises.* | *Number Treated.* | *Total.* |
|---|---|---|
| B. NON-DOMESTIC PREMISES. | | |
| (1) Food preparing— | | |
| Canteens and kitchens | 81 | |
| Restaurants and cafes | 5 | |
| Bakehouses | 7 | |
| Food shops | 10 | |
| Bacon store | 1 | |
| | | 104 |
| (2) Factories snd schools— | | |
| School buildings | 4 | |
| Factories | 9 | |
| Laundries | 2 | |
| | | 15 |
| (3) Other premises— | | |
| Cinema | 1 | |
| Warehouse | 1 | |
| Timber yard | 1 | |
| Church | 1 | |
| School (theatrical props) | 1 | |
| Public baths | 5 | |
| Offices | 4 | |
| Doctor's surgery | 1 | |
| Public houses | 3 | |
| Hostel | 1 | |
| | | 19 |
| TOTAL B | | 138 |
| C. HOSPITALS, CLINICS, ETC. | | |
| Visits to Hospitals | 86 | |
| ,, ,, Nurses' homes | 10 | |
| ,, ,, Clinics | 1 | |
| ,, ,, Nurseries | 2 | |
| ,, ,, Institutions | 3 | |
| | | 102 |
| TOTAL C | | 102 |
| D. VERMINOUS PERSONS. | | |
| Persons, clothing and bedding cleansed (at home) | 8 | |
| TOTAL D | | 8 |

## TABLE 2.

| *Insect Attacked.* | *Number of Operations.* |
|---|---|
| Bedbug | 374 |
| Cockroaches (three species) | 409 |
| Cricket | 1 |
| Flies (house fly and blow flies) | 45 |
| Fleas | 9 |
| Lice (three species) | 9 |
| Beetles (wood borers) | 4 |
| Beetles (food beetles and spider beetles) | 4 |
| Moths (clothes moth and flour moth) | 3 |
| Earwig | 24 |
| Bees and wasps | 4 |
| Caterpillars | 1 |
| Scabies | 1 |
| Mite (Gamasidae) | 1 |
| Silverfish | 2 |
| Total, exclusive of routine operations at hospitals, school canteens, etc. | 891 |

**TABLE 3.**

| *Insect Attacked.* | | *Number of Operations.* |
|---|---|---|
| Premises treated to owners' orders (expenses recovered) ... ... | | 269 |
| Premises treated to occupiers' orders (expenses recovered) ... ... | | 395 |
| Treatments under contracts (canteens, hospitals, etc., expenses recovered ... ... ... ... ... ... ... ... ... ... ... ... ... | | 165 |
| Treatments administered on entry into Corporation tenancy (expenses recovered from Housing Manager who in turn recovers from the selected tenants ... ... ... ... ... ... ... ... ... ... ... ... | | 141 |
| Treated free of charge— | | |
| (1) Verminous persons ... ... ... ... ... ... ... | 8 | |
| (2) Impecunious tenants ... ... ... ... ... ... ... | 10 | |
| Total treated free of charge ... ... ... ... ... ... ... ... ... | | 18 |
| Houses cleansed from vermin prior to demolition cost borne by local authority—Section 17 Housing Act, 1936 ... ... ... ... ... | | 9 |

All the work so far referred to was accomplished by two whole-time operators with assistance from two temporary workmen engaged during the summer peak period of four months.

In addition to the work tabulated, all of the City's 49,000 ashbins and swill bins received by spray a modicum of D.D.T., a task made possible by the co-operation of the staff of the Director of Public Cleansing.

The insecticide used throughout the year has been D.D.T. in the usual formulations ; satisfactory results of treatment are consistently recorded ; there is no evidence of development by insects of resistance or immunity to this chemical insecticide.

One item worthy of note is that of all the Council's houses, flats, prefabricated bungalows and requisitioned properties, totalling upwards of 4,300, only 13 occupied dwellings were found to be bug infested. There is no doubt that the special attention focussed upon the bedbug problem during the past six years and the wise precaution of preventative treatment administered on allocation of tenancies is bearing fruit, in that the Corporation estates are almost free from this troublesome insect pest.

## Water

The water supply is obtained from the Manchester Corporation's reservoir at Longdendale and Thirlmere. In general, the supply has been satisfactory in quantity and quality. For further details relating to quality see the City Analyst's report.

All dwellinghouses in the City and the entire population are supplied with water on the constant system laid on from mains direct to the houses.

There are 52,000 dwellinghouses in the City and a population of 178,036.

## Statistics

The following tables are included to give some idea of the nature and extent of the work carried out during the year and a comparison is made with last year's figures :—

| *Nature of Inspection.* | *Totals.* 1950. | 1951. |
|---|---|---|
| Sanitary defects (roofs, gutters, drains, etc.) under Public Health and Housing Acts | 42,208 | 41,672 |
| Sublet houses | 371 | 91 |
| Seamen's lodging houses | 26 | 60 |
| Common lodging houses | 25 | 29 |
| Caravans | ... | 12 |
| Canal boats | 1 | 7 |
| Factories with power | 586 | 538 |
| Factories without power | 78 | 76 |
| Shops Acts inspections | 596 | 546 |
| Cinemas, theatres, etc. | ... | 60 |
| Public conveniences | 565 | 556 |
| Stables and piggeries | 63 | 57 |
| Diseases of Animals Act inspections | 15 | 4 |
| Dairies | 234 | 169 |
| Food shops | 2,793 | 3,168 |
| Food stalls and vehicles | 430 | 235 |
| Food manufacturing premises | 255 | 360 |
| Restaurants and snack bars | 268 | 249 |
| Canteens (factories, schools, etc.) | 1,271 | 1,164 |
| Unsound food | 382 | 339 |
| Infectious diseases | 878 | 889 |
| Food poisoning | 315 | 195 |
| Smoke observations | 359 | 399 |
| | 51,719 | 50,875 |

## List of Samples Taken

| | 1950. | 1951. |
|---|---|---|
| Food and Drugs Act samples other than milk | 400 | 277 |
| Milk for Phosphatase Test | 377 | 434 |
| ,, ,, Methylene Blue Test | 243 | 230 |
| ,, ,, Fats and Solids-not-Fats, etc. | 1,200 | 929 |
| ,, ,, Turbidity Tests | ... | 70 |
| Ice cream for Methylene Blue Test | ... | 175 |
| Fertiliser and Feeding Stuffs Act samples | 9 | 4 |
| Pharmacy and Poisons Act samples | 3 | 6 |
| Water supply samples | 79 | 44 |
| Swimming bath water samples | 95 | 74 |
| | 2,406 | 2.243 |

## Complaints and Notices

| | 1950. | 1951. |
|---|---|---|
| Complaints received | 11,616 | 10,318 |
| Statutory Notices issued | 8,285 | 7,850 |
| ,, ,, abated | 6,402 | 5,486 |
| Intimation Notices issued | 2,125 | 1,421 |
| ,, ,, abated | 1,698 | 1,165 |

## Cases Heard before the Magistrates

| Offence. | No. of Cases. | Decision of Magistrate. |
|---|---|---|
| PUBLIC HEALTH ACT, 1936 : | | |
| (1) For failing to comply with the requirements of notices under Section 93 of the Act to remedy nuisances at dwelling-houses. | 131 | Nuisance Orders. |
| | 55 | Cases withdrawn. |
| | 3 | Cases adjourned *sine die*. |
| (2) For emitting black smoke from a works chimney. | 1 | Fined £5 0s. 0d. |
| FOOD AND DRUGS ACT, 1938 : | | |
| (1) For selling Pork Sausage deficient of meat to the extent of 41%. | 1 | Fined £10 0s. 0d. |

## Cases Heard Before the Magistrates (*Continued*).

| Offence. | No. of Cases. | Decision of Magistrate. |
|---|---|---|
| (2) For selling Beef Sausage deficient in meat content to the extent of 21·6%. | 1 | Fined £8 0s. 0d. with £1 1s. 0d. costs. |
| (3) For selling Beef Sausage 18·6% deficient in meat content. | 1 | Fined £8 0s. 0d. with £2 2s. 0d. costs. |
| (4) For selling Pork Sausage 29% deficient in meat content. | 1 | Fined £10 0s. 0d. |
| (5) For selling Beef Sausage not of the nature and quality demanded, deficient in meat content to the extent of 18·6%. | 1 | Case dismissed. No costs to either party. Corporation to pay Government chemist's fee. |
| (6) For selling Ice Cream deficient of 40% fat and 5·3 solids other than fats. | 1 | Fined £1 0s. 0d. and £2 2s. 0d. costs. |
| (7) For selling prepacked Lemon Cheese not bearing the name and address of the packer and the name of the article. | 1 | Fined £2 0s. 0d. and £1 0s. 0d. costs. |
| (8) For giving by oral means advertising matter calculated to mislead as to the true nature of a food, to wit—pepper compound declared as pepper. | 1 | Fined £10 0s. 0d. and £4 4s. 0d. costs. |

## Factories Act, 1937

1. Inspections for Purposes of Provisions as to Health.

| Premises. | No. on Register. | Number of | | |
|---|---|---|---|---|
| | | Inspections. | Written Notices. | Occupiers Prosecuted. |
| (1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authorities ... ... ... ... | 74 | 76 | 11 | ... |
| (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ... ... ... ... | 991 | 538 | 59 | ... |
| (3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)... | ... | ... | ... | ... |
| Total ... ... ... | 1,065 | 614 | 70 | ... |

2. Cases in which Defects were found.

| Particulars. | Number of cases in which defects were found. | | | |
|---|---|---|---|---|
| | Found. | Remedied. | Referred To H.M. Inspector. | Referred By H.M. Inspector. |
| Want of cleanliness (S.1) ... ... | 20 | 9 | 10 | 8 |
| Overcrowding (S.2) ... ... ... ... | ... | ... | ... | ... |
| Unreasonable temperature (S.3) ... | ... | ... | ... | ... |
| Inadequate ventilation (S.4) ... ... | ... | ... | ... | ... |
| Ineffective drainage of floors (S.6)... | ... | ... | ... | ... |
| Sanitary conveniences (S.7)— | | | | |
| (*a*) Insufficient ... ... ... ... | 2 | 5 | ... | 2 |
| (*b*) Unsuitable or defective ... | 57 | 64 | ... | 37 |
| (*c*) Not separate for sexes ... | 1 | 5 | ... | 1 |
| Other offences against the Act (not including offences relating to out-work) ... ... ... ... ... | 3 | ... | 3 | ... |
| Total ... ... | 83 | 83 | 13 | 48 |

No prosecutions were instituted.

## Outworkers

SECTION 110—

| | |
|---|---|
| No. of outworkers in August list required by Section 110 (1) ... | 348 |
| Nature of work—Making, etc., of wearing apparel ... ... | 234 |
| Brass and brass articles ... ... ... ... | 114 |
| No. of cases of default in sending list to Council ... ... ... | Nil. |
| No. of prosecutions for failure to supply list ... ... ... ... | Nil. |

SECTION 111—

| | |
|---|---|
| No. of instances of work in unwholesome premises ... ... | Nil. |
| No. of Notices served ... ... ... ... ... ... ... ... ... ... | Nil. |
| No. of prosecutions in respect of outworkers' premises ... | Nil. |

## Summary of Food Poisoning Outbreaks, 1950

| Total number of outbreaks. | Number of cases. | Number of deaths. | Organisms or other agents responsible with number of outbreaks of each. | Foods involved with number of outbreaks of each. |
|---|---|---|---|---|
| 2 | 18 | Nil. | Staph Aureous 1 | Tinned Meat 1 |

## Unsound Food

The following articles of unsound food were condemned during the year as unfit for human consumption :—

| *Article.* | *Weight lbs.* |
|---|---|
| Meat (canned) ... ... ... ... ... ... ... ... ... ... ... | 12,624 |
| Soups (canned) ... ... ... ... ... ... ... ... ... ... | 349 |
| Fish (canned) ... ... ... ... ... ... ... ... ... ... ... | 473 |
| Jams ... ... ... ... ... ... ... ... ... ... ... ... | 6,104 |
| Cereals (canned) ... ... ... ... ... ... ... ... ... ... | 880 |
| ,, (loose) ... ... ... ... ... ... ... ... ... ... ... | 807 |
| Milk (canned) ... ... ... ... ... ... ... ... ... ... ... | 2,593 |
| ,, (dried) ... ... ... ... ... ... ... ... ... ... ... | 52 |
| Vegetables (canned) ... ... ... ... ... ... ... ... ... | 1,677 |
| ,, (loose) ... ... ... ... ... ... ... ... ... ... ... | 118 |
| Butter ... ... ... ... ... ... ... ... ... ... ... ... | 93 |
| Bacon ... ... ... ... ... ... ... ... ... ... ... ... | 137 |
| Poultry ... ... ... ... ... ... ... ... ... ... ... ... | 326 |
| Confectionery ... ... ... ... ... ... ... ... ... ... ... | 514 |
| Miscellaneous ... ... ... ... ... ... ... ... ... ... ... | 522 |
| | 27,269 lbs. |

Total weight condemned 12 tons, 3 cwts., 53 lbs.

# CITY ANALYST'S REPORT

## SUMMARY OF SAMPLES.

| | |
|---|---|
| Food and Drugs Act Samples from the City of Salford ... ... | 1,206 |
| Tests on Heat-Treated Milks ... ... ... ... ... ... ... ... ... | 504 |
| Fertilisers and Feeding Stuffs Act Samples... ... ... ... ... ... | 4 |
| Waters (including Swimming Bath Waters)... ... ... ... ... ... | 118 |
| Contract Samples examined for the Purchasing Committee ... ... | 80 |
| Other Miscellaneous Samples ... ... ... ... ... ... ... ... ... | 36 |
| Tests connected with Investigations of Atmospheric Pollution ... | 1,968 |
| TOTAL ... ... ... ... ... ... ... | 3,916 |
| Samples from the Borough of Eccles ... ... ... ... ... ... ... | 186 |
| Samples from the Borough of Stretford ... ... ... ... ... ... | 180 |
| GRAND TOTAL ... ... ... ... ... | 4,282 |

## FOOD AND DRUGS ACT, 1938.

Table 1 summarises the samples taken under the Food and Drugs Act, 1938, and the Defence (Sale of Food) Regulations, 1943. The percentage of adulteration was 3·6 compared with 2·4 for 1950.

Tables 2 and 3 list the adulterated samples giving details of the type of adulteration and the action taken.

### TABLE 1.

FOODS.

| Samples. | Number examined. | Number adulterated or otherwise giving rise to irregularity. | | Per cent. adulteration. |
|---|---|---|---|---|
| | | Preservatives only. | Other ways. | |
| Milk ... ... ... ... ... ... ... | 929 | — | 28 | 3·0 |
| Almonds, Ground ... .. ... ... | 1 | — | — | — |
| Baking Powder ... ... ... ... ... | 2 | — | — | — |
| Barley, Pearl ... ... ... ... ... ... | 3 | — | 2 | 66·6 |
| Beans in Tomato Sauce, Tinned ... | 9 | — | — | — |
| Beans, Tinned Madagascar Butter ... | 2 | — | — | — |
| Blackcurrant Syrup ... ... ... ... | 1 | — | — | — |
| Brandy, Cognac ... ... ... ... ... | 4 | — | — | — |
| Bread Rolls, Starch Reduced ... ... | 1 | — | — | — |
| Butter ... ... ... ... ... ... ... | 12 | — | — | — |
| Cheese ... ... ... ... ... ... ... | 12 | — | — | — |
| Cheese, Pasteurised Cream ... ... | 1 | — | — | — |
| Cheese, Processed... ... ... ... ... | 2 | — | — | — |
| Cheese Spread ... ... ... ... ... | 1 | — | — | — |
| Cherries, Glace ... ... ... ... ... | 2 | — | — | — |
| Chicken Broth, Concentrated ... ... | 1 | — | — | — |
| Cocoa ... ... ... ... ... ... ... | 2 | — | — | — |
| Coffee ... ... ... ... ... ... ... | 6 | — | — | — |
| Coffee and Chicory Essence, Sweetened | 2 | — | — | — |
| Coffee Extract, Pure ... ... ... ... | 1 | — | — | — |
| Conserve, Apricot ... ... ... ... | 1 | — | — | — |
| Cream, Sterilised ... ... ... ... ... | 1 | — | — | — |
| Cream, Synthetic ... ... ... ... ... | 3 | — | 1 | 33·3 |
| Curry Powder ... ... ... ... ... | 2 | — | 1 | 50·0 |

**TABLE 1**—*Continued.*

| Samples. | Number examined. | Number adulterated or otherwise giving rise to irregularity. | | Per cent. adulteration. |
|---|---|---|---|---|
| | | Preservatives only. | Other ways. | |
| Custard Powder | 1 | — | 1 | 100·0 |
| Dripping | 1 | — | — | — |
| Fat, Cooking | 10 | — | — | — |
| Flour, Self-Raising | 3 | — | — | — |
| Fondant, White | 1 | — | — | — |
| Fruit Juice | 2 | — | — | — |
| Golden Raising Powder | 3 | — | — | — |
| Gravy Browning | 2 | — | — | — |
| Ice Cream | 21 | — | 3 | 14·3 |
| Ice Lolly Mixture Base | 2 | — | — | — |
| Jam | 3 | — | — | — |
| Jelly Cream | 1 | — | — | — |
| Jelly Crystals | 4 | — | — | — |
| Jelly, Table | 4 | — | 1 | 25·0 |
| Lard | 1 | — | — | — |
| Lemon Cheese | 2 | — | 1 | 50·0 |
| Lemon Curd | 2 | — | — | — |
| Margarine | 12 | — | — | — |
| Meat Soup | 1 | — | — | — |
| Milk, Condensed | 2 | — | — | — |
| Milk Powder, Skimmed | 1 | — | — | — |
| Mincemeat | 5 | — | — | — |
| Mincemeat, Dry | 1 | — | — | — |
| Mint, Dried | 1 | — | — | — |
| Molasses, Tinned | 1 | — | — | — |
| Mustard | 1 | — | — | — |
| Non-Brewed Condiment | 3 | — | — | — |
| Parsley, Dried | 1 | — | — | — |
| Paste, Beef, Tongue and Ham | 1 | — | — | — |
| Paste, Fish | 1 | — | — | — |
| Paste, Ham, Tongue and Other Meat | 1 | — | — | — |
| Paste, Meat | 1 | — | — | — |
| Paste, Salmon | 1 | — | — | — |
| Paste, Salmon and Shrimp | 1 | — | — | — |
| Peas, Tinned Processed | 3 | — | — | — |
| Pepper | 1 | — | 1 | 100·0 |
| Pepper Compound | 1 | — | — | — |
| Pepper Flavoured Compound | 1 | — | — | — |
| Preserves, Diabetic | 2 | — | — | — |
| Rice, Ground | 2 | — | — | — |
| Sago | 2 | — | — | — |
| Salad Cream | 8 | — | — | — |
| Sausage, Beef | 9 | — | 3 | 33·3 |
| Sausage Meat, Beef | 2 | — | — | — |
| Sausage, Pork | 2 | — | 2 | 100·0 |
| Shrimps, Tinned Peeled | 1 | — | — | — |
| Sugar | 12 | — | — | — |
| Sweet Cigarettes | 1 | — | — | — |
| Tapioca | 1 | — | — | — |
| Tea | 12 | — | — | — |
| Vegetarian Rusk and Tomato Links | 1 | — | — | — |
| Vinegar | 1 | — | — | — |
| Vinegar, Malt | 10 | — | — | — |
| Whipping Compound | 1 | — | — | — |
| Total Foods | 1,172 | — | 44 | 3·8 |

## TABLE 1.

DRUGS.

| Samples. | Number examined. | Number adulterated or otherwise giving rise to irregularity. | | Per cent. adulteration. |
|---|---|---|---|---|
| | | Preservatives only. | Other ways. | |
| Baby Cordial... ... ... ... ... ... | 1 | — | — | — |
| Bicarbonate of Soda ... ... ... ... | 2 | — | — | — |
| Blackcurrant Juice with Sugar ... ... | 1 | — | — | — |
| Camphorated Oil ... ... ... ... ... | 1 | — | — | — |
| Cod Liver Oil and Malt ... ... ... | 1 | — | — | — |
| Cold and Influenza Mixture ... ... | 1 | — | — | — |
| Epsom Salts ... ... ... ... ... ... | 3 | — | — | — |
| Glauber's Salt ... ... ... ... ... | 3 | — | — | — |
| Headache Powders ... ... ... ... | 3 | — | — | — |
| Malt and Oil ... ... ... ... ... | 1 | — | — | — |
| Malt with Cod Liver Oil, Extract of... | 2 | — | — | — |
| Mustard and Camphorated Oil ... | 1 | — | — | — |
| Neats Foot Oil ... ... ... ... ... | 1 | — | — | — |
| Paraffin, Liquid ... ... ... ... ... | 5 | — | — | — |
| Paregoric ... ... ... ... ... ... | 2 | — | — | — |
| Rochelle Salt... ... ... ... ... ... | 2 | — | — | — |
| Seidlitz Powders ... ... ... ... ... | 2 | — | — | — |
| Seidlitz Powders, Strong ... ... ... | 1 | — | — | — |
| Vitamin and Orange Tonic ... ... | 1 | — | — | — |
| Total Drugs ... ... ... ... | 34 | — | — | 0·0 |
| Total Foods and Drugs ... | 1,206 | — | 44 | 3·6 |

## TABLE 2.

MILK ADULTERATION.

| No. | Nature of Adulteration. | Action taken. | Remarks. |
|---|---|---|---|
| B 269 | Deficient 5·0% milk fat ... ... ... ... | Supply kept under observation ... ... ... ... | Further samples genuine. |
| B 283 | Deficient 5·9% non-fatty solids. Freezing Point (Hortvet) —0·514°C. | Formal sample taken ... ... ... ... ... ... | See samples A 1792 and A 1793, below. |
| A 1792 | Deficient 6·3% non-fatty solids. Freezing Point (Hortvet) —0·508°C. | Two "Appeal to Cow" samples taken ... ... | Further samples genuine. Farmer warned to ensure that extraneous water does not gain access to his milk. Also advised to consult his local Agricultural College with a view to improving its quality. |
| A 1793 | Deficient 6·6% non-fatty solids. Freezing Point (Hortvet) —0·513°C. ... ... ... | | |
| B 400 | Deficient 6·6% milk fat ... ... ... ... | Formal samples taken and found to be genuine. | |
| B 409 | Deficient 3·3% milk fat ... ... ... ... | | |
| B 459 | Deficient 6·6% milk fat ... ... ... ... | Formal samples taken and found to be genuine. | |
| A 1838 | Deficient 8·3% milk fat ... ... ... ... | Further formal samples taken ... ... ... ... | See samples A 1845, A 1846 and A 1848, below. |
| A 1845 | Deficient 6·6% milk fat ... ... ... ... | Seven "Appeal to Cow" samples taken ... ... | Investigation at the farm showed that the mixing arrangements were unsatisfactory. When the whole yield of milk was properly mixed subsequent samples were genuine. The farmer arranged to thoroughly mix the whole of his milk yield. |
| A 1846 | Deficient 10·0% milk fat ... ... ... ... | | |
| A 1848 | Deficient 10·0% milk fat ... ... ... ... | | |
| B 539 | Deficient 3·3% milk fat ... ... ... ... | Formal samples taken and found to be genuine. | |
| A 1870 | Deficient 8·47% non-fatty solids. Contained 4·9% extraneous water. Freezing Point (Hortvet) —0·504°C. | Two "Appeal to Cow" samples taken. Legal proceedings instituted. | Case dismissed without costs. Prosecution unable to prove who was responsible for the milk at the time and place of obtaining the sample. |

**TABLE 2**—*Continued.*

| No. | Nature of Adulteration. | Action Taken. | Remarks. |
|---|---|---|---|
| B 601 | Deficient 5·0% milk fat ... ... ... ... | Formal samples genuine ... ... ... ... ... | Deficiency apparently due to longer-than-usual interval between two successive milkings. |
| B 650 | Deficient 13·3% milk fat and 1·7% non-fatty solids. Freezing Point (Hortvet) —0·520°C. | Formal samples taken ... ... ... ... ... ... | See samples A 1885 and A 1887, below. |
| A 1885 | Deficient 15·0% milk fat ... ... ... ... | Enquiries made and further samples taken ... ... | Samples were from a morning milking after a long interval. The average fat content of the whole of the farmer's consignment satisfied the Sale of Milk Regulations, 1939. Further samples genuine. |
| A 1887 | Deficient 13·3% milk fat ... ... ... ... | | |
| B 763 | Deficient 3·3% milk fat ... ... ... ... | Supply kept under observation ... ... ... ... | Further formal samples found to be genuine. |
| B 768 | Deficient 10·0% milk fat ... ... ... ... | Supply kept under observation ... ... ... ... | Further formal samples found to be genuine. |
| B 806 | Deficient 2·6% non-fatty solids. Freezing Point (Hortvet) —0·517°C. | Formal samples taken ... ... ... ... ... ... | See samples A 1946 and A 1947, below. |
| A 1946 | Deficient 0·24% non-fatty solids. Freezing Point (Hortvet) —0·519°C. ... ... ... | Farmer written warning letter asking him to take thorough precautions to prevent water gaining access to his milk. | Supply kept under observation. |
| A 1947 | Deficient 0·94% non-fatty solids. Freezing Point (Hortvet) —0·525°C. ... ... ... | | |
| B 812 | Deficient 5·0% milk fat ... ... ... ... | Formal samples taken. | See samples A 1937 and A 1938, below. |
| B 813 | Deficient 6·6% milk fat ... ... ... ... | | |
| A 1937 | Deficient 5·0% milk fat ... ... ... ... | Further samples unobtainable. ... ... ... ... | Supply to Salford discontinued. |
| A 1938 | Deficient 5·0% milk fat ... ... ... ... | | |
| B 976 | Deficient 2·3% non-fatty solids. Contained 4·5% extraneous water. Freezing Point (Hortvet) —0·506°C. | The dairy was visited but no explanation as to how the water had gained access to the milk could be found. | The company was warned that legal proceedings would be instituted in the event of a re-occurrence. |
| B 1143 | Deficient 6·6% milk fat ... ... ... ... | Formal samples genuine. ... ... ... ... ... | Supply kept under observation. |

The following samples of milk showed figures for non-fatty solids below the presumptive minimum limit of 8·5 per cent. non-fatty solids of the Sale of Milk Regulations, 1939, but were adjudged genuine (apart from any deficiency in fat) on the Hortvet freezing point test :—

**TABLE 3.**

| Serial Number | Total Solids % | Fat % | Non-fatty Solids % | Freezing Point °C. (Hortvet) | Acidity °Richmond |
|---|---|---|---|---|---|
| B 260 | 10·90 | 3·00 | 7·90 | —0·545 | 20 |
| B 282 | 12·15 | 3·85 | 8·30 | —0·544 | 19 |
| A 1794 | 12·75 | 4·30 | 8·45 | —0·543 | 17 |
| A 1795 | 12·44 | 4·00 | 8·44 | —0·546 | 17 |
| B 459 | 10·95 | 2·80 | 8·15 | —0·530 | 17 |
| B 462 | 11·60 | 3·20 | 8·40 | —0·544 | 13 |
| A 1846 | 11·03 | 2·70 | 8·33 | —0·547 | 16 |
| A 1848 | 11·08 | 2·70 | 8·38 | —0·547 | 16 |
| B 536 | 12·04 | 3·80 | 8·24 | —0·542 | 12 |
| B 541 | 11·60 | 3·35 | 8·25 | —0·547 | 13 |
| B 544 | 11·21 | 3·00 | 8·21 | —0·542 | 13 |
| A 1857 | 12·40 | 4·00 | 8·40 | —0·549 | 17 |
| A 1858 | 11·45 | 3·15 | 8·30 | —0·546 | 17 |
| A 1859 | 11·65 | 3·40 | 8·25 | —0·543 | 16 |
| B 652 | 12·06 | 3·70 | 8·36 | —0·534 | 15 |
| A 1852 | 12·04 | 3·75 | 8·29 | —0·542 | 16 |
| A 1855 | 11·74 | 3·35 | 8·39 | —0·542 | 16 |
| A 1876 | 12·92 | 4·50 | 8·42 | —0·551 | 17 |
| A 1877 | 12·48 | 4·10 | 8·38 | —0·551 | 17 |
| B 712 | 12·16 | 3·75 | 8·41 | —0·552 | 22 |
| B 713 | 11·46 | 3·10 | 8·36 | —0·547 | 16 |
| A 1913 | 12·51 | 4·10 | 8·41 | —0·537 | 18 |
| A 1914 | 11·62 | 3·15 | 8·47 | —0·532 | 15 |
| B 737 | 11·63 | 3·25 | 8·38 | —0·538 | 15 |
| B 738 | 12·17 | 3·95 | 8·22 | —0·537 | 16 |
| B 761 | 11·38 | 3·10 | 8·28 | —0·552 | 22 |
| B 762 | 12·03 | 3·55 | 8·48 | —0·548 | 18 |
| B 767 | 11·81 | 3·40 | 8·41 | —0·539 | 18 |
| A 1924 | 11·66 | 3·25 | 8·41 | —0·543 | 24 |
| B 799 | 11·72 | 3·25 | 8·47 | —0·542 | 16 |
| B 801 | 12·42 | 3·95 | 8·47 | —0·548 | 16 |
| B 815 | 11·75 | 3·60 | 8·15 | —0·547 | 16 |
| B 816 | 11·45 | 3·30 | 8·15 | —0·545 | 16 |
| B 883 | 12·19 | 3·80 | 8·39 | —0·556 | 16 |
| B 885 | 11·85 | 3·40 | 8·45 | —0·557 | 15 |
| A 1966 | 11·66 | 3·20 | 8·46 | —0·545 | 16 |
| A 1967 | 11·64 | 3·30 | 8·34 | —0·548 | 17 |
| B 1058 | 11·54 | 3·15 | 8·39 | —0·557 | 13 |
| B 1142 | 11·60 | 3·20 | 8·40 | —0·554 | 16 |
| B 1149 | 11·45 | 3·10 | 8·35 | —0·545 | 17 |
| B 1150 | 11·50 | 3·15 | 8·35 | —0·545 | 17 |

MILK.

The average composition of the 929 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

| | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | Minimum requirements. |
|---|---|---|---|---|---|---|---|
| | % | % | % | % | % | % | % |
| Fat ... ... ... ... ... | 3·55 | 3·52 | 3·48 | 3·49 | 3·51 | 3·57 | 3·00 |
| Non-fatty Solids ... ... | 8·70 | 8·71 | 8·76 | 8·76 | 8·75 | 8·70 | 8·50 |
| Total Solids ... ... ... | 12·25 | 12·23 | 12·24 | 12·25 | 12·26 | 12·27 | 11·50 |

Of the 929 samples analysed, 28 (3 per cent.) were unsatisfactory. Of these, 19 were fat deficient, 8 were deficient in non-fatty solids and 1 sample contained extraneous water as well as being deficient in fat. No samples contained colouring matter or preservative. Details of these milks are given in Table 2.

Before any milk was reported upon as adulterated, as judged by deficiency in non-fatty solids, it was submitted to the Hortvet freezing point test (unless souring had occurred), and any samples with a freezing point less than —0·529°C. were reported as being of poor quality but genuine (see Table 3).

The number of milks found upon examination during the year to be of poor quality but genuine has reached alarming proportions, in fact, 41 samples were of poor quality as against 28 being adulterated. The nutritional loss to the community is thus much greater than the adulteration figures indicate and since the minimum requirements quoted above, viz., 3 per cent. fat and 8·5 per cent. non-fatty solids are only presumptive of adulteration no action can be taken as the deficiencies arise from natural causes and the milk can be proved to be in the same state as it came from the cow.

Part II of the Food and Drugs Act, 1938 (Provisions as to Milk, Dairies and Artificial Cream) has recently been repealed with the exception of Section 23 dealing with the formulation of standards for milk. Part II has been re-enacted in the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, and Section 10 of this Act contains provisions for setting up standards for milk. In view of the above results the prescribing of absolute minimum standards below which no milk should fall would result in a great improvement in the quality of the milk supply.

The fat deficient milks mentioned above are not so serious since in most cases they form only a part of large consignments which would be bulked at the dairies. Enquiries have shown that they have largely resulted due to uneven milking intervals, part of the consignments often being high in fat content.

*Milk, Sample No. A.*1870. On analysis this formal sample was found to contain only 7·78 per cent. of non-fatty solids, and on comparison with the presumptive minimum limit for non-fatty solids of 8·5 per cent. prescribed by the Sale of Milk Regulations, 1939, was thus 8·4 per cent. deficient in non-fatty solids. In addition its freezing point (Hortvet) of —0·504°C. showed the presence of at least 4·9 per cent. of extraneous water. " Appeal to Cow " samples taken at the farm showed that the herd yielded milk of poor quality, low in non-fatty solids, but of a normal freezing point. Thus Sample No. A.1870 was a poor quality milk adulterated with water.

Legal proceedings were instituted and at the hearing before the Stipendiary Magistrate the case was dismissed. The defendant submitted that at the time and place of obtaining the sample (from a lorry just outside the dairy where it was being delivered) he was not responsible for the milk, his liability being at an end when the milk left his farm. The Milk Marketing Board were requested to produce a directive showing the terms of the farmer's contract but they were unable to do this, it apparently having been destroyed. This state of affairs rendered it impossible for a conviction to be obtained.

In addition to the milk samples examined under the Food and Drugs Act, 1938, 504 samples of heat-treated milk were submitted for examination by the phosphatase or turbidity test. The results obtained on these are tabulated below :—

| Type of Milk. | Number of Samples. | Sufficiently heat-treated. | Insufficiently heat-treated. | Grossly under-treated. |
|---|---|---|---|---|
| Pasteurised ... ... ... ... | 434 | 424 | 7 | 3 |
| Sterilised ... ... ... ... ... | 70 | 69 | 1 | — |
| Total ... ... ... ... | 504 | 493 | 8 | 3 |

## TABLE 4.

ADULTERATED OR IRREGULAR SAMPLES (OTHER THAN MILK).

| No. | Description. | Nature of Adulteration or Irregularity. | Action Taken. |
|---|---|---|---|
| B 856 | Barley, Pearl ... ... ... | Infested with mites ... ... ... ... ... ... | These samples were bought at two different shops. In each case the retailer's remaining stock was examined and found to be in a similar state. Both stocks were condemned as unfit for human consumption. |
| B 859 | Barley, Pearl ... ... ... | Infested with mites ... ... ... ... ... ... | |
| B 997 | Cream, Synthetic ... ... | Unsatisfactory label. Statement of ingredients illegible. | Manufacturer interviewed. A written assurance that this matter would be rectified was received soon afterwards. |
| B 622 | Curry Powder ... ... ... | Contained 20 parts per million of lead ... ... | Formal sample unobtainable. Manufacturers written. |
| B 338 | Custard Powder ... ... | Insect infestation ... ... ... ... ... ... ... | The remaining stock was also infested and accordingly condemned as unfit for human consumption. |
| A 1843 | Ice Cream ... ... ... ... | Deficient 10·0% fat and 9·3% non-fatty milk solids. | Manufacturer interviewed. Further samples taken and found to be genuine. |
| A 1904 | Ice Cream ... ... ... ... | Deficient 40·0% fat and 5·3% non-fatty milk solids. | Fined one guinea and ordered to pay two guineas costs. |
| A 1981 | Ice Cream ... ... ... ... | Deficient 30·0% fat ... ... ... ... ... ... | Two defendants each fined £10 and ordered to pay £3 costs, a total of £26. |
| B 855 | Jelly, Table ... ... ... | Infested with fungus ... ... ... ... ... ... | Manufacturers communicated with ; stocks withdrawn from sale and re-processed. Subsequent samples satisfactory. |
| B 941 | Lemon Cheese ... ... ... | The sample bore no label, thus contravening the Labelling of Food Order, 1950. | Fined £2 and ordered to pay one guinea costs, a total of £3 1s. 0d. |
| A 1965 | Pepper... ... ... ... ... | Misleading verbal advertisement. Consisted of a mixture of wheaten flour and pepper. | Fined £10 and ordered to pay four guineas costs. |
| A 1811 | Sausage, Beef ... ... ... | 21·6% deficient in meat ... ... ... ... ... | Fined £8 and ordered to pay three guineas costs. |
| A 1823 | Sausage, Beef ... ... ... | 18·6% deficient in meat ... ... ... ... ... | Fined £8 and ordered to pay two guineas costs. |
| A 1916 | Sausage, Beef ... ... ... | 18·6% deficient in meat ... ... ... ... ... | Analysis disputed, sample sent to Government Analyst who was unable to assess the meat content due to the sample having undergone decomposition. Case dismissed without costs to either party. |
| A 1810 | Sausage, Pork ... ... ... | 41·0% deficient in meat ... ... ... ... ... | Fined £10. |
| A 1871 | Sausage, Pork ... ... ... | 29·0% deficient in meat ... ... ... ... ... | Fined £10. |

PEARL BARLEY, *Samples Nos. B.*856 *and B.*859.

Both samples were heavily infested with tyroglyphid mites, a common pest of stored cereal products. Investigation at the retailers' shops revealed that the whole of their stocks were in a similar condition and they were, therefore, condemned as unfit for human consumption. The wholesalers supplying the retailers removed the stocks and after suitable treatment arranged to sell them as animal feeding stuffs.

SYNTHETIC CREAM, *Sample No. B.*997.

This sample was a prepacked article and hence should comply with the provisions of the Food Labelling Order, 1950. One of these requirements is that the ingredients composing the article should be stated clearly on the label. In this case the print was so small that it could not be deciphered without a magnifying glass. The manufacturer was interviewed and gave a written undertaking to amend the label so that it would conform with the above Order.

CURRY POWDER, *Sample No. B.*622.

This informal sample of curry powder, on analysis, was found to contain 20 parts per million of lead. The Food Standards (Curry Powder) Order, 1949, requires curry powder to contain not more than 10 parts per million of lead. Since a formal sample could not be obtained the manufacturers were communicated with and this contamination pointed out to them. They replied to the effect that they were making arrangements to have all their products tested.

LEMON CHEESE, *Sample No. B.*941.

This informal sample was purchased from a market salesman as lemon cheese although it bore no label of any kind. Analysis showed it to be lemon cheese conforming to the Food Standards (Preserves) (Amendment) Order, 1949, as regards composition. The Labelling of Food Order, 1950, requires lemon cheese, when sold by retail, to bear a label stating the description of the article, the name and address of the packer or manufacturer, together with a statement of the net weight of the contents of the jar.

Permission to institute proceedings for this infringement of the Labelling of Food Order, 1950, was obtained from the Ministry of Food. At the hearing before the Stipendiary Magistrate the defendant was fined £2 and ordered to pay one guinea costs, a total of £3 1s. 0d.

PEPPER, *Sample No. A.*1965.

This article was being sold at a market by verbal advertisement, the attention of the public being drawn to the scarcity and dearness of pepper. The carton bore a statement that its contents were a mixture of pepper and flour and analysis showed this to be the case. At the hearing before the Stipendiary Magistrate the prosecution contended that the article should have been sold not as "Pepper" but as "Pepper Compound." The defendant was fined £10 and ordered to pay four guineas costs.

SAUSAGE.

Thirteen samples of sausage were examined during the year and of these, five, which is a considerable proportion, were reported as being deficient in meat content. A total of £36 in fines and five guineas costs were inflicted.

Ice Cream.

The Food Standards (Ice Cream) Order, 1951, came into operation on 1st March, 1951, requiring ice cream to contain not less than 5 per cent. of fat, 10 per cent. of sugar and 7·5 per cent. milk solids other than fat. A total of 21 samples were submitted of which 3 were reported against. Two were deficient in fat and non-fatty milk solids, the other being deficient in fat only. In two cases legal proceedings were instituted, £21 in fines and £8 2s. 0d. in costs being inflicted. The other sample, where the adulteration was less serious, was taken just after the above Order came into force and the attention of the manufacturer was drawn to the necessity of complying with the Order. Advice was given to him on the proportion of ingredients to use in his mixing. Further samples taken at a later date were found to be satisfactory.

## OTHER ANALYSES.

Four samples were submitted under the Fertilisers and Feeding Stuffs Act, 1926, two samples of feeding stuffs being reported to the Ministry of Agriculture and Fisheries as not complying with the declared statutory statement of composition.

Three samples of ammonia solution and three samples of phenol disinfectant were examined and found to satisfy the Pharmacy and Poisons Act, 1933, and the Poisons Rules, 1949.

The regular testing of the City's water supply was carried on throughout the year, 44 samples being analysed. Although the water was of satisfactory chemical purity for drinking purposes it often had a very brownish appearance due to iron compounds. This naturally led to many complaints that the water was " dirty." During the year 74 samples of water taken from various swimming baths in the City were examined to ensure that an adequate level of chlorination was being maintained, thus ensuring the elimination of pathogenic micro-organisms.

Eighty samples were analysed on behalf of the Purchasing Committee this now constituting an important part of the work of the City Analyst's laboratory. A striking instance of the value of this analytical control was provided during the year when a number of liquid soapless detergents were submitted for analysis. They were found, on analysis, to consist of either solutions of sodium compounds of sulphonated higher fatty alcohols or condensation products of ethylene oxide with polyphenols. The prices quoted bore little relation to the proportion of active detergent present and selection of these on price considerations would not have ensured that a good article, economical in use, would have been obtained. Chemical analysis, however, enabled these samples to be graded in order of their true value.

Thirty miscellaneous samples from other Corporation Departments and private sources were also examined, fees being charged and credited to the Health Department in all cases.

## ATMOSPHERIC POLLUTION.

Special atmospheric deposit gauges are situated at four different points in the City in which are collected the rain and matter deposited from the air. The contents of these gauges are submitted to a chemical examination every month, the collected deposits being split into various fractions as shown in Table 5 below. The results are expressed in tons per square mile.

**TABLE 5.**

SOOT GAUGE OBSERVATIONS.

Monthly Averages—Tons per Square Mile.

| | Salford : Broughton M.S. School. | Salford : Ladywell Hospital. | Salford : Drinkwater Park. | Salford : Vine Street, Kersal. |
|---|---|---|---|---|
| Rainfall in inches ... ... | 3·14 | 3·20 | 3·41 | 3·60 |
| Insoluble matter. Tar ... ... | 0·21 | 0·20 | 0·24 | 0·23 |
| Carbonaceous matter other than tar ... | 5·15 | 7·60 | 6·07 | 5·27 |
| Ash ... ... | 12·03 | 13·77 | 16·69 | 14·75 |
| Insoluble matter. | 17·39 | 21·57 | 23·00 | 20·25 |
| Soluble Matter ... ... ... | 7·25 | 9·40 | 17·33 | 8·75 |
| Total Solids ... ... ... | 24·64 | 30·97 | 40·33 | 29·00 |
| Chlorides (Included in soluble matter.) | 1·70 | 1·76 | 3·32 | 1·82 |
| Sulphates (Included in soluble matter.) | 2·80 | 3·54 | 5·92 | 2·81 |
| pH ... ... ... ... ... | 4·2 | 4·3 | 4·6 | 4·5 |

These results follow closely the pattern of preceding years with the striking exception of the gauge situated at Drinkwater Park where the gauge shows that both soluble and insoluble matter deposited from the atmosphere has increased twofold during the year under review. Thus whereas previously the deposit at Drinkwater Park was smaller than that collected at any of the other three gauges it has now become the greatest indicating that this area has now become heavily polluted.

Investigations on atmospheric sulphur pollution have been continued at Regent Road and Ladywell Hospital by the " lead peroxide " method in which a surface of known area, so prepared as to be sensitive to acid sulphur gases, is exposed under standard conditions. Every month the apparatus is changed and the amount of sulphur impurities is determined, the results being expressed as milligrammes of sulphur trioxide per 100 square centimetres of exposed surface. The table below shows the variation in the daily average throughout the year and the significantly greater amount present in the air during the winter months.

**TABLE 6.**

| Month. | Milligrammes Sulphur Trioxide per 100 sq. c.m. Daily Average. | |
|---|---|---|
| | Regent Road. | Ladywell Hospital. |
| January ... ... ... ... ... ... ... ... ... ... ... | 5·37 | 2·83 |
| February ... ... ... ... ... ... ... ... ... ... ... | 5·85 | 5·25 |
| March ... ... ... ... ... ... ... ... ... ... ... | 5·98 | 3·75 |
| April... ... ... ... ... ... ... ... ... ... ... | 5·07 | 2·87 |
| May ... ... ... ... ... ... ... ... ... ... ... | 3·69 | 2·08 |
| June ... ... ... ... ... ... ... ... ... ... ... | 3·55 | 2·09 |
| July ... ... ... ... ... ... ... ... ... ... ... | 3·66 | 1·85 |
| August ... ... ... ... ... ... ... ... ... ... ... | 3·57 | 2·46 |
| September ... ... ... ... ... ... ... ... ... ... | 3·67 | 2·52 |
| October ... ... ... ... ... ... ... ... ... ... ... | 2·73 | 3·10 |
| November ... ... ... ... ... ... ... ... ... ... | 4·92 | 2·81 |
| December ... ... ... ... ... ... ... ... ... ... | 4·55 | 2·97 |

**Volumetric Apparatus for Sulphur Dioxide and Smoke.**

This apparatus is of particular value since it measures directly these impurities in the atmosphere from day to day.

Air is pumped from the external atmosphere through a special paper filter and then through a solution of dilute alkali of known concentration. The solid particles of soot are trapped on the paper filter which is changed daily and compared with a series of standard papers from which the concentration of smoke in the atmosphere can be evaluated. The alkali solution absorbs the sulphurous impurities which are also determined chemically each day.

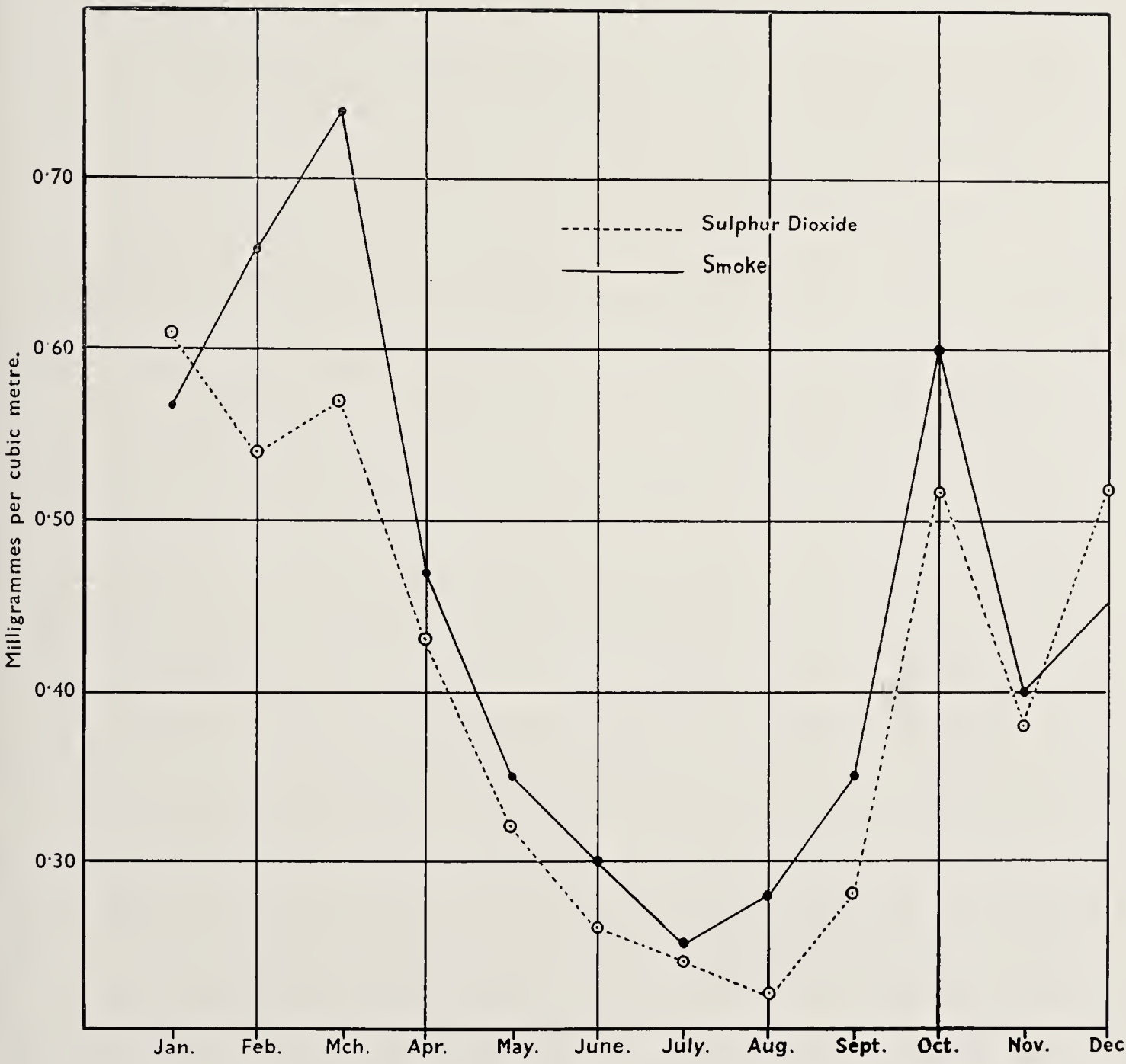
The results, both expressed as milligrammes per cubic metre, are shown in the following table. If in addition they are expressed graphically two significant factors emerge. Firstly the large increase in smoke and sulphurous impurities during the winter months and secondly that the amounts of smoke and sulphurous impurities are very similar from month to month. However, this would be expected since they are both derived from fuel burning, and this increase in smoke in the atmosphere is a warning of increase in sulphurous impurities, which, although invisible, are just as dangerous to public health.

A further point of interest is the high result obtained during the month of October, illustrated by the steep rise in the curve for that month. October was characterised by warm, often foggy, calm conditions which are very favourable to the continued persistence of a heavy smoke haze over the City, popularly known as " smog."

**TABLE 7.**

Daily Average Concentrations of Smoke and Sulphurous Impurities expressed as milligrammes per cubic metre.

| Month. | Smoke. | Sulphur Dioxide. |
|---|---|---|
| January | 0·57 | 0·61 |
| February | 0·66 | 0·54 |
| March | 0·74 | 0·58 |
| April | 0·47 | 0·43 |
| May | 0·35 | 0·32 |
| June | 0·30 | 0·26 |
| July | 0·25 | 0·24 |
| August | 0·28 | 0·22 |
| September | 0·35 | 0·28 |
| October | 0·60 | 0·52 |
| November | 0·40 | 0·38 |
| December | 0·45 | 0·52 |


0·70
0·60
0·50
0·40
0·30
Milligrammes per cubic metre.
Sulphur Dioxide
Smoke
Jan.
Feb.
Mch.
Apr.
May.
June.
July.
Aug.
Sept.
Oct.
Nov.
Dec

## BOROUGH OF ECCLES.

During the year, 163 samples were received from the above Borough for examination under the Food and Drugs Act, 1938. Details of these samples are given in the following table :—

### TABLE 8.

SAMPLES EXAMINED.

| Samples. | Number examined. | Number adulterated or otherwise giving rise to irregularity. | | Per cent. adulteration. |
|---|---|---|---|---|
| | | Preservatives only. | Other ways. | |
| FOODS. | | | | |
| Milk | 97 | — | — | — |
| Almonds, Ground | 1 | — | — | — |
| Blancmange Powder | 1 | — | — | — |
| Cake Mixture | 2 | — | — | — |
| Coconut, Desiccated | 2 | — | — | — |
| Coffee and Chicory, Essence of | 1 | — | — | — |
| Coffee, Chicory and Sugar, Essence of Pure | 1 | — | — | — |
| Coffee, French | 1 | — | — | — |
| Coffee, Pure | 2 | — | — | — |
| Cream, Double Thick | 2 | — | — | — |
| Custard Powder | 1 | — | — | — |
| Flour, Self-Raising | 2 | — | — | — |
| Gelatine | 2 | — | — | — |
| Ginger Wine | 1 | — | — | — |
| Ice Cream | 19 | — | 6 | 31·6 |
| Jam, Apple and Blackberry | 1 | — | — | — |
| Jelly Creams | 1 | — | — | — |
| Jelly Crystals | 1 | — | — | — |
| Jelly, Table | 1 | — | — | — |
| Paste, Fish | 2 | — | 1 | 50·0 |
| Paste, Meat | 3 | — | 1 | 33·3 |
| Paste, Salmon | 1 | — | 1 | 100·0 |
| Paste, Salmon and Lobster Fish | 1 | — | — | — |
| Pepper Flavoured Compound | 1 | — | — | — |
| Polony | 2 | — | — | — |
| Saccharin Tablets | 1 | — | — | — |
| Sausage | 6 | — | 2 | 33·3 |
| Sausage, Pork | 1 | — | — | — |
| Tomato Ketchup | 2 | — | — | — |
| Tomato Sauce | 1 | — | — | — |
| Vinegar, Malt | 1 | — | — | — |
| DRUGS. | | | | |
| Foot Paste | 1 | — | — | — |
| Hassall's Handy Herbal Cure | 1 | — | — | — |
| Total Foods and Drugs | 163 | — | 11 | 6·7 |

## TABLE 9.

ADULTERATED OR IRREGULAR SAMPLES.

| No. | Description | Nature of Adulteration or Irregularity. | Action taken. |
|---|---|---|---|
| 1700 | Ice Cream ... ... | Deficient 20·0% fat and 17·3% non-fatty milk solids ... ... | Taken whilst following up a food poisoning case. These results were communicated to the authorities where the ice creams were manufactured. |
| 1701 | Ice Cream ... ... | Deficient 24·0% fat and 21·3% non-fatty milk solids ... ... | |
| 1702 | Ice Cream ... ... | Deficient 56·0% fat and 2·6% non-fatty milk solids ... ... | |
| 1744 | Ice Cream ... ... | Deficient 30·0% fat ... ... | Formal sample taken, see Sample No. 1746 below. |
| 1746 | Ice Cream ... ... | Deficient 26·0% fat ... ... | Fined £5 and ordered to pay £4 2s. 0d. costs, i.e., £9 2s. 0d. in all. |
| 1774 | Ice Cream ... ... | Deficient 13·0% sugar ... ... | Vendor interviewed and warned. |
| 1836 | Paste, Fish... ... | Deficient 22·1% fish content... | Manufacturer interviewed and given advice as to mixing in order to comply with the Food Standards (Fish Paste) Order, 1951. |
| 1801 | Paste, Meat ... | Deficient 9·4% meat on a 50% basis. | Warning letter sent to the manufacturer drawing his attention to the imminence of a new Food Standard for this article. |
| 1802 | Paste, Salmon ... | Deficient 8·1% fish on a 70% basis. | Warning letter sent to the manufacturer drawing his attention to the imminence of a new Food Standard for this article. |
| 1689 | Sausage ... ... | Deficient 20·6% meat ... ... | The butcher making and selling the sausage was cautioned to take more care over his mixing in future. |
| 1719 | Sausage ... ... | Deficient 40% meat on a 50% basis. | Legal proceedings instituted. Fined £10 and ordered to pay £3 13s. 6d. costs. |

MILK.

The average composition of the 97 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

| | 1946 % | 1947 % | 1948 % | 1949 % | 1950 % | 1951 % | Minimum requirements. % |
|---|---|---|---|---|---|---|---|
| Fat ... ... ... ... ... | 3·53 | 3·48 | 3·45 | 3·38 | 3·41 | 3·54 | 3·00 |
| Non-fatty Solids ... ... | 8·65 | 8·50 | 8·66 | 8·58 | 8·62 | 8·70 | 8·50 |
| Total Solids ... ... ... | 12·18 | 11·98 | 12·11 | 11·96 | 12·03 | 12·24 | 11·50 |

The year under review was noteworthy in that all the samples of milk submitted were found to be genuine and in addition the general quality of the milk was higher than usual.

### Ice Cream.

Nineteen samples of ice cream were submitted and of these six were adulterated, two being deficient in fat, three deficient in both fat and non-fatty solids, whilst the remaining sample was deficient in sugar only when compared with the Food Standards (Ice Cream) Order, 1951. The majority of the adulterated samples were taken just after the above Order came into force and the vendors were warned of the necessity of complying with the standard. However, Sample No. 1746 taken later in the year was found to be 26 per cent. deficient in fat and legal proceedings were instituted, a penalty of £9 2s. 0d. being inflicted on the defendant.

### Meat and Fish Products.

Out of a total number of fourteen samples having either fish or meat as their bases, five samples were deficient in fish or meat. This is an extremely high rate of adulteration and in this respect the advent of Food Standards Orders for meat and fish paste is particularly welcome, although they were not in force as regards retail sales during the year under review. One sample of sausage, No. 1719, was 40 per cent. deficient in meat when compared with the 50 per cent. meat content required by the Meat Products and Canned Meat (Control and Maximum Prices) Order, 1948. Legal proceedings were instituted and the vendor, who also manufactured the sausage, was fined a total of £13 13s. 6d.

### Swimming Bath Water.

In addition to analyses made under the Food and Drugs Act, 1938, 22 samples of swimming bath water were tested to ensure that an adequate level of chlorination was being maintained.

## BOROUGH OF STRETFORD.

During the year, 179 samples were received from the Borough of Stretford for examination under the Food and Drugs Act, 1938. Details of these samples are given in the following table :—

**TABLE 10.**

Samples Examined.

| Samples. | Number examined. | Number adulterated or otherwise giving rise to irregularity. | | Per cent. adulteration. |
|---|---|---|---|---|
| | | Preservatives only. | Other ways. | |
| Foods. | | | | |
| Milk ... ... ... ... ... ... ... | 113 | — | 2 | 1·8 |
| Almonds, Ground ... ... ... ... | 2 | — | — | — |
| Brandy, Cognac ... ... ... ... | 1 | — | — | — |
| Cocoa ... ... ... ... ... ... ... | 2 | — | — | — |
| Coconut, Desiccated ... ... ... | 2 | — | — | — |
| Coffee Extract ... ... ... ... ... | 1 | — | — | — |
| Total Carried Forward ... | 121 | — | 2 | — |

**TABLE 10.** *Continued*

| Samples. | Number examined. | Number adulterated or otherwise giving rise to irregularity. | | Per cent. adulteration. |
|---|---|---|---|---|
| | | Preservatives only. | Other ways. | |
| Total Brought Forward ... | 121 | — | 2 | — |
| Cream, Synthetic ... ... ... ... | 1 | — | — | — |
| Farola (Fine Semolina) ... ... ... | 1 | — | — | — |
| Gravy Browning ... ... ... ... | 2 | — | — | — |
| Ice Cream ... ... ... ... ... ... | 23 | — | 2 | 8·7 |
| Jelly Crystals ... ... ... ... ... | 1 | — | — | — |
| Jelly, Table ... ... ... ... ... | 2 | — | — | — |
| Meat, Jellied ... ... ... ... ... | 2 | — | — | — |
| Mineral Water ... ... ... ... ... | 2 | — | — | — |
| Onions, Dried ... ... ... ... ... | 1 | — | — | — |
| Paste, Fish... ... ... ... ... ... | 2 | — | — | — |
| Potato Crisps ... ... ... ... ... | 2 | — | — | — |
| Prune (Strained) ... ... ... ... | 1 | — | — | — |
| Quoffy (Coffee product)... ... ... | 1 | — | — | — |
| Saccharin Tablets ... ... ... ... | 2 | — | — | — |
| Sage and Onion Stuffing ... ... | 2 | — | — | — |
| Semolina ... ... ... ... ... ... | 1 | — | — | — |
| Shortcake ... ... ... ... ... ... | 2 | — | — | — |
| Suet, Shredded ... ... ... ... ... | 1 | — | — | — |
| Sweets... ... ... ... ... ... ... | 1 | — | 1 | 100·0 |
| Tapioca ... ... ... ... ... ... | 2 | — | — | — |
| Tomato Soup (Strained)... ... ... | 1 | — | — | — |
| DRUGS. | | | | |
| Bicarbonate of Soda ... ... ... | 2 | — | — | — |
| Iodised Throat Tablets ... ... ... | 1 | — | — | — |
| Olive Oil ... ... ... ... ... ... | 2 | — | — | — |
| Total Foods and Drugs ... | 179 | — | 5 | 2·8 |

**TABLE 11.**

ADULTERATED OR IRREGULAR SAMPLES.

| No. | Description. | Nature of Adulteration or Irregularity. | Action taken. |
|---|---|---|---|
| 939 | Milk ... ... ... | Deficient 6·6% milk fat | Dairyman warned. Origin of milk could not be traced. |
| 1207 | Milk ... ... ... | Deficient 2·9% non-fatty solids. Freezing Point (Hortvet) —0·525°C. | Formal sample taken but found to be genuine. |
| 1109 | Ice Cream ... ... | Deficient 40·0% fat and 40·0% non-fatty milk solids. | Formal sample taken, see Sample No. 1117 below. |
| 1117 | Ice Cream ... ... | Deficient 40·0% fat and 40·0% non-fatty milk solids. | Maker interviewed and given advice on mixing to comply with the Food Standards (Ice Cream) Order, 1951. |
| 988 | Sweets... ... ... | Contained 62·1% maize starch | Ministry of Food communicated with and in their reply advised that no action be taken. |

MILK.

The average composition of the 113 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

| | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | Minimum requirements. |
|---|---|---|---|---|---|---|---|
| | % | % | % | % | % | % | % |
| Fat ... ... ... ... ... | 3·59 | 3·51 | 3·55 | 3·48 | 3·58 | 3·54 | 3·00 |
| Non-fatty Solids ... ... | 8·61 | 8·65 | 8·69 | 8·72 | 8·73 | 8·70 | 8·50 |
| Total Solids ... ... ... | 12·20 | 12·16 | 12·24 | 12·20 | 12·31 | 12·24 | 11·50 |

Of the 113 samples analysed 2 (1·8 per cent.) were unsatisfactory, one being deficient in fat and the other deficient in non-fatty solids. Particulars of these adulterated milks are given in Table 11.

In addition to the milk samples analysed under the Food and Drugs Act, 1938, one sample of pasteurised milk was examined by the phosphatase test and found to be sufficiently heat-treated.

SWEETS, *Sample No.* 988.

This informal sample was labelled " Sweetule, Sweet Cigarettes." On tasting it was found to be only slightly sweet and to have a rock-like consistency. Analysis showed it to contain 62·1 per cent. maize starch, 17 per cent. of cane sugar, 13·2 per cent. of invert sugar, the remainder consisting of gum, moisture and flavouring. I reported against this sample, objecting to the large proportion of starch, considering that a person tendering sweet points for this article would be prejudiced. The opinion of the Ministry of Food was sought and in their reply they advised against taking legal action in respect of this sample.

ICE CREAM.

A total of 23 samples were analysed during the year and two from the same maker, an informal sample and a subsequent formal sample, were found to be 40 per cent. deficient in both fat and non-fatty milk solids. There were, however, extenuating circumstances in this case and the maker was given advice as to how to mix so as to comply with the Food Standards (Ice Cream) Order, 1951. Subsequent samples were found to be genuine.

## CARE OF MOTHERS AND YOUNG CHILDREN, DOMICILIARY MIDWIFERY SERVICE, HEALTH VISITING, Etc.

**New Centre.**

The chief event of the year was the opening in September of the new centre in the Langworthy area. The need for a new centre in this area has been a pressing one for many years. In 1939, plans were approved for the building of a new one adjoining what was intended to be the new Seedley Library. The outbreak of war stopped all new building and, unfortunately, the new centre had not been started. The building of the library had commenced and walls and a roof had been erected. In 1946, it was suggested that the library building be taken over by the Health Committee and be adapted for use as a Maternity and Child Welfare Centre. After much negotiation this plan was agreed to and approved by the Ministry of Health.

Adaptation was begun, and eventually the building was ready for occupation and the first session was held on 17th September, and the centre was officially opened by Dr. Godber, Deputy Chief Medical Officer for Ministry of Health on 16th November.

Full use has been made of the premises not only for Maternity and Child Welfare purposes, but also for the School Health Service and Physiotherapy. For once the physiotherapists have the space adequate for their work. It has been found possible to house a chiropody clinic and provide accommodation for the speech therapist.

Being an adapted building, the centre has some disadvantages, but these are gradually being overcome. In many ways the building is superior to any other centre in this City, with the exception of Ordsall.

That the mothers of the area appreciate the new building is shown by the increase in attendances at all sessions.

**Toddler Sessions.**

The hope expressed in last year's report that more toddler sessions would be held this year has been fulfilled, and we have now eight sessions weekly for the one to five year olds. That these sessions are meeting a real need is seen by the reports which appear on page 60.

**Medical Staff.**

An additional Medical Officer was appointed in June. This was a joint appointment by the Health Committee and the Children Committee ; the Medical Officer's duties to include work in the Maternity and Child Welfare Clinics and the medical supervision of the various Homes for Children established by the Children Committee. It is owing to this appointment that the additional toddler sessions have been made possible.

**Breast Feeding.**

Early in 1951 a new appointment was made in the department, that of Breast Feeding Sister, whose duties include the visiting in their own homes of mothers who are having difficulties with breast feeding, attendance at antenatal clinics to teach the mothers the importance and advantage of breast feeding, and so prepare them for this natural function, which is so important for the health of the child and of the mother. A detailed report on the work of this Officer appears elsewhere.

**Jutland House.**

Plans have been passed and Ministry of Health approval has been obtained for the adaptation of the above premises as a hostel for pupil midwives, Part II Midwifery Training School, Breast Feeding Clinic and headquarters for the Domiciliary Premature Baby Service.

**Puerperal Pyrexia.**

The new Puerperal Pyrexia Regulations came into operation in August.

The new definition of Puerperal Pyrexia (any febrile condition occurring in a woman in whom a temperature of 100·4°F. (38°C.) or more has occurred within fourteen days after childbirth or miscarriage) has resulted in an increase in the total number of notifications. The greatest disadvantage is still that the cause of the pyrexia is not stated on the notification, making any classification of the causes impossible.

## STATISTICS.

**Maternal Mortality.**

Unfortunately, the very favourable maternal mortality figures of the last two years have not been maintained, and it is with great regret that I have to report that three Salford mothers died during the year from conditions arising out of childbirth ; the first died in a nursing home, the second was a hospital booked case and the third was a domiciliary case transferred to hospital in labour.

The causes of death were as follows :—

1. Acute cardiac failure.
   Administration of ether anæsthetic.
   Retained placenta and intrapartum hæmorrhage.
2. Paralytic ileus.
   Prolonged labour.
   Cæsarean section.
3. Septicæmia.
   Endometritis.

A post mortem examination was performed on the third case.

**Birth Rate.**

The total number of births occurring in the City was 3,190, giving a birth rate of 17·5. The rate for 1950 was 18·9.

**Infant Mortality.**

The infant mortality figure shows a new low record, 34 for 1,000 live births, the first time the figure has been below 40.

The chief causes of the deaths were prematurity and congenital debility and malformations. These conditions together accounted for 69 out of the 107 deaths which occurred among the young children of the City.

More than half (64·5 per cent.) the deaths occurred in the first month of life, and of these neo-natal deaths 42 per cent. were ascribed as due to prematurity and 26 per cent. to congenital defect.

The table given below shows the numbers and causes of infant deaths during the years 1941 to 1951 and the gradual reduction in the number of these deaths. The reductions have been mainly in deaths from infections, from respiratory diseases and from diarrhœa and enteritis.

**Causes of Death of Children under 1 year of age during the years 1941-1951.**

| Causes of Death | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cerebro-Spinal Fever ... | 2 | ... | ... | ... | 1 | 2 | ... | 1 | 2 | 1 | ... |
| Whooping Cough ... ... | 15 | ... | 4 | 3 | 2 | 3 | 5 | 5 | 5 | 2 | 1 |
| Diphtheria ... ... ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Tuberculosis of Respiratory System ... ... | 2 | 2 | 1 | 1 | ... | ... | ... | ... | 1 | 1 | ... |
| Other forms of Tuberculosis ... ... ... ... | 3 | 3 | 2 | 1 | ... | 2 | 2 | ... | ... | 1 | ... |
| Syphilitic Diseases... ... | 2 | 1 | 1 | 2 | ... | ... | 2 | ... | ... | ... | ... |
| Influenza ... ... ... ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Measles ... ... ... ... | 1 | 3 | ... | 3 | 1 | 1 | 4 | 2 | ... | 1 | 1 |
| Intra Cranial Vascular Lesions... ... ... ... | ... | 1 | ... | ... | 1 | ... | ... | ... | ... | ... | ... |
| Nephritis ... ... ... ... | ... | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Acute Poliomyelitis ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... |
| Bronchitis ... ... ... | 17 | 4 | 17 | 9 | 6 | 4 | 5 | 2 | ... | 3 | 1 |
| Pneumonia ... ... ... | 62 | 39 | 52 | 43 | 38 | 50 | 52 | 23 | 34 | 14 | 10 |
| Other Respiratory Diseases ... ... ... | 1 | ... | ... | ... | ... | 1 | 1 | ... | 1 | 2 | ... |
| Diarrhœa and Enteritis... | 37 | 42 | 35 | 41 | 28 | 23 | 42 | 18 | 31 | 19 | 13 |
| Other Digestive Diseases | 3 | 6 | 1 | 3 | 1 | 7 | 7 | 3 | 2 | ... | ... |
| Premature Births ... ... | 31 | 45 | 45 | 36 | 40 | 35 | 47 | 37 | 32 | 44 | 33 |
| Congenital Debility, Malformation, &c. ... | 48 | 56 | 41 | 43 | 51 | 57 | 72 | 56 | 67 | 39 | 34 |
| Violent Deaths ... ... | 1 | 1 | 2 | 4 | 5 | 4 | 12 | 5 | 7 | 4 | 5 |
| Other Causes ... ... ... | 13 | 11 | 13 | 13 | 9 | 16 | 6 | 5 | 11 | 13 | 9 |
| TOTAL ... ... ... | 240 | 217 | 214 | 202 | 183 | 205 | 258 | 157 | 193 | 144 | 107 |

| | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Live Births ... ... | 2,518 | 2,823 | 3,085 | 3,251 | 3,022 | 3,849 | 4,220 | 3,761 | 3,628 | 3,354 | 3,091 |
| Infantile Mortality Rate | 96 | 77 | 69 | 62 | 61 | 53 | 61 | 42 | 53 | 43 | 34 |

**Neo-natal Deaths during the years 1941-1951.**

| | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Premature Births ... ... | 31 | 45 | 43 | 27 | 40 | 34 | 43 | 36 | 32 | 41 | 30 |
| Congenital Debility, &c. | 34 | 37 | 35 | 35 | 22 | 42 | 52 | 29 | 41 | 32 | 31 |
| Marasmus ... ... ... | 4 | 6 | 1 | 1 | 1 | 2 | ... | ... | ... | ... | ... |
| Gastro-Enteritis ... ... | 12 | 11 | 10 | 10 | 7 | 14 | 3 | ... | 7 | 1 | 2 |
| Respiratory Diseases ... | 19 | 13 | 17 | 33 | 24 | 13 | 10 | 10 | 12 | 3 | 2 |
| Whooping Cough ... ... | ... | ... | 1 | ... | ... | ... | ... | ... | 1 | ... | ... |
| Other Causes ... ... ... | 15 | 11 | 7 | 6 | 19 | 11 | 8 | 11 | 16 | 8 | 4 |
| TOTAL ... ... ... | 115 | 123 | 114 | 112 | 113 | 116 | 116 | 86 | 109 | 85 | 69 |

**Stillbirths.**

Although there has been this gratifying reduction in infant deaths the number of stillbirths occurring during the year has given rise to anxiety. The total number of stillbirths was 99, 72 hospital cases and 27 domiciliary cases, giving a stillbirth rate of 31·0. The rate for 1950 was 23·0.

A summary of the findings in the domiciliary cases is given below :—

| *Cause.* | *Predisposing Cause.* | *Presentation.* | *F.T. or P.* | *Totals.* |
|---|---|---|---|---|
| A. Abnormal Foetus. | | | | |
| 1. Hydrocephalus. | — | Breech. | F.T. | |
| 2. Anencephalous. | — | Vertex. | F.T. | |
| 3. ?Mongol. | Infarcted placenta. | Vertex. | F.T. | |
| 4. Hydrocephalus. | — | Vertex. | F.T. | |
| 5. Anencephalous. | — | Breech. | P. | |
| 6. Anencephalous. | — | Breech. | P. | |
| 7. Hydrocephalus. | — | Vertex. | F.T. | |
| 8. Anencephalous. | — | Breech. | P. | |
| | | | | 8 |
| B. Asphyxia. | | | | |
| 1. Malpresentation. | | Breech. | F.T. | |
| 2. Malpresentation and tight cord. | | Breech. | F.T. | |
| 3. Disproportion. Long labour P.O.P. Difficult forceps. | | Vertex. | F.T. | |
| 4. Prematurity. | | Vertex. | P. | |
| 5. Cord strangulation. | | Vertex. | F.T. | |
| 6. Malpresentation. | | Face. | F.T. | |
| 7. Tight cord. | | Vertex. | F.T. | |
| 8. Tight cord. | | Vertex. | F.T. | |
| 9. Placental insufficiency. | | Vertex. | F.T. | |
| 10. Ergometrine before delivery. | | Vertex. | P. | |
| 11. Ergometrine before delivery. | | Vertex. | P. | |
| 12. Placental insufficiency. | | Vertex. | P. | |
| 13. Malpresentation. | | Breech. | F.T. | |
| | | | | 13 |
| C. Ante-Partum Haemorrhage. | | | | |
| 1. Accidental. | Toxæmia. | Vertex. | P. | |
| | | | | 1 |
| D. Toxaemia. | Prematurity. | Vertex. | P. | |
| | | | | 1 |
| E. Cerebral Haemorrhage. | Malpresentation. | Breech. | F.T. | |
| | | | | 1 |
| F. Unknown Causes. | | | | |
| 1. Quinine Induction ? | | Vertex. | F.T. | |
| 2. Malpresentation. | | Breech. | F.T. | |
| 3. Hæmorrhage into abdominal wall. | | — | P. | |
| | | | | 3 |
| Grand Total ... ... ... ... ... | | | | 27 |

## SUPERVISION OF MIDWIVES.

Fifty-two midwives notified their intention to practise during the year—30 from Hope Hospital, 10 from a Nursing Home and 22 from the Domiciliary Service.

## DOMICILIARY MIDWIFERY SERVICE.

**Establishment.**

1 Medical Supervisor of Midwives.
1 Non-Medical Supervisor of Midwives.
23 Domiciliary Midwives.

**Resignations and Appointments.**

Two midwives retired on superannuation, one resigned from the service to become a student health visitor, and a fourth resigned to take up an appointment as midwifery night sister at the City Hospital, Nottingham.

The four midwives appointed to fill the vacancies created by these retirements and resignations were all trainees of our own Part II Training School.

**Sick Leave.**

One midwife has been ill in Hope Hospital since 13th November, 1950. Excluding her, the midwives have had the following amount of sick leave :—

| | |
|---|---|
| Total sick leave ... ... ... ... ... ... ... | 596 days. |
| Average per midwife... ... ... ... ... ... | 27 days. |

**Post-Graduate Courses.**

The majority of the domiciliary midwives took advantage of the lectures held at Manchester University and organised by the Royal College of Midwives as a Post-Graduate Course.

Mrs. M. Knowles attended the Birmingham Post-Graduate School for Midwives in September.

**Report on the Work of Domiciliary Midwives.**

**Ante-Natal Care.**

Ten midwives' clinic sessions have been held weekly in the various centres. A session now held at Langworthy Centre was a transfer from Regent Road.

**Ante-natal Statistics.**

| | | |
|---|---|---|
| Number of ante-natal visits ... ... ... ... | | 12,729 |
| ,, ,, clinic attendances ... ... ... ... | | 5,643 |
| ,, ,, home investigations ... ... ... | | 224 |
| ,, ,, bookings accepted : | | |
| 416 = first quarter | | 1,426 |
| 384 = second ,, | | |
| 340 = third ,, | | |
| 286 = fourth ,, | | |

N.B.—An average of two cases per week have been lost to domiciliary practice, either by miscarriage, or transfer to hospital for abnormality.

**Mothercraft Instruction.**

In the early part of the year the health visitors asked for the opportunity to teach this subject at the midwives' ante-natal clinic sessions. Talks were commenced, but due to staff shortages these were discontinued.

Miss E. M. Syrett has commenced a series of classes for all her patients in her own home. These are progressing well.

The real need is for separate classes from the ante-natal sessions, the reasons being :—

(1) Difficulty in contacting each patient in a continually moving queue.
(2) Lack of personnel in some clinics.
(3) Too many other classes of instruction being given at the same time, *e.g.*, at Landseer Street Clinic relaxation and cookery classes are held during the midwife's session to which her patients are sent.

Jutland House will provide excellent facilities for this purpose in due course.

**Investigation of Home Conditions.**

Apart from routine ante-natal care of their own patients, the domiciliary midwives have investigated the home conditions of patients referred to the department from hospitals, chiefly Hope Hospital.

It is felt that there is ample room for improvement with reference to the screening of patients for hospital beds.

**Deliveries.**

There has been a further slight decline in the number of home confinements —1,320, as compared with 1,426 in 1950. A goodly proportion of these were not conducted in ideal surroundings—the patients refusing to consider hospitalisation. It is obvious, therefore, that a fair number of women having ideal home conditions are still getting hospital beds and preferring to have their babies there.

Apparently the only way to counteract this trend locally is to offer a super service on the district and leave the public to make a comparison

The chief problem here is that early ambulation and early discharge of patients from hospital appeals to the public, and it will take many years before any ill effects of such treatment will be appreciated.

**Statistics for Deliveries.**

| | | |
|---|---|---|
| 1. | Number of cases attended :— | |
| | (*a*) As midwives ... ... ... ... ... ... | 1,191 |
| | (*b*) As maternity nurses ... ... ... ... ... | 129 |
| | TOTAL ... ... ... ... | 1,320 |
| | N.B.—These include 17 sets of twins, 1 set of triplets. | |
| 2. | Number of births attended :— | |
| | (*a*) Live births ... ... ... ... ... ... ... | 1,312 |
| | (*b*) Stillbirths ... ... ... ... ... ... ... | 27 |
| | TOTAL ... ... ... ... | 1,339 |

**Analgesia.**

*Nitrous oxide and air analgesia* continues to be housed at the Ambulance Service and is available to all patients in labour providing there is no medical contraindication.

*Pethidine.* All the midwives have been trained in the use of pethidine.

The drug is no longer obtained from the local chemist, but is purchased direct from the wholesalers by Dr. J. L. Burn on behalf of the department. This method has proved to be more economical both financially and with regard to the time factor.

**Emergency Obstetric Unit.**

The above unit has been called out to cases of post-partum hæmorrhage on seven occasions. All patients responded well to treatment.

| | |
|---|---|
| Admitted to hospital after treatment ... ... ... | 4 |
| Remained at home after treatment ... ... ... | 3 |
| TOTAL ... ... ... ... ... | 7 |

**Puerperium.**

All domiciliary cases have been attended for at least 14 days. Visiting for 28 days by the midwife was tried in the training school district for a short period. This was far from satisfactory, as many arranged visits ended in no access to the patients' homes. The health visitor continued to attend as well as the midwife, whose advice sometimes conflicted with that of the midwife.

The domiciliary midwives attended any patients discharged from hospitals before the tenth day, but those after the tenth day were cared for by the health visitor. The main reason for the latter arrangement being that the mother only needed to get to know one person after discharge from hospital instead of two.

A considerable number (no figures available) of infants have been discharged from Hope Hospital with moist umbilical stumps. These have been nursed by the home nurses because of the risk of infection.

**Statistics for the Puerperium (domiciliary only).**

| | | |
|---|---|---|
| 1. | Number of nursing visits ... ... ... ... ... ... ... | 24,317 |
| 2. | ,, ,, nursing visits to hospital patients (before tenth day) ... ... ... ... ... ... ... | 19 |
| | TOTAL ... ... ... ... ... | 24,336 |
| 3. | Number of notifications of puerperal pyrexia :— | |
| | (*a*) Nursed at home ... ... ... ... ... ... ... | 12 |
| | (*b*) Transferred to hospital... ... ... ... ... ... | 1 |
| | TOTAL ... ... ... ... ... | 13 |
| 4. | Number of notifications of ophthalmia neonatorum :— | |
| | (*a*) Nursed at home (one delivered in hospital) ... | 2 |
| | (*b*) Transferred to hospital... ... ... ... ... ... | ... |
| | TOTAL ... ... ... ... ... | 2 |
| 5. | Number of notifications of pemphigus neonatorum :— | |
| | (*a*) Nursed at home ... ... ... ... ... ... ... | 1 |
| | (*b*) Transferred to hospital... ... ... ... ... ... | ... |
| | TOTAL ... ... ... ... ... | 1 |
| 6. | Number of notifications of artificial feeding :— | |
| | (*a*) Complementary ... ... ... ... ... ... ... | 40 |
| | (*b*) Supplementary ... ... ... ... ... ... ... | 27 |
| | TOTAL ... ... ... ... ... | 67 |

**Infection.**

The change in the definition of puerperal pyrexia has increased the number of notifications. The greatest disadvantage is still that the *cause* of the pyrexia is *not* stated on the notification, making any classification of the causes impossible.

Cases of ophthalmia neonatorum have declined, but there are still far too many discharging eyes of a non-purulent nature occurring in the second week.

No change in the incidence of pemphigus neonatorum has occurred.

The Home Nursing Service has given excellent nursing care to all infectious midwifery cases not requiring hospital treatment.

**Breast Feeding.**

The incidence of total breast feeding on the district up to the fourteenth day has increased tremendously after last year's disappointing figures. This is partly due to the efforts of the midwives and partly the result of the good co-operation of the Breast Feeding Sister, who has given excellent assistance in difficult cases where her advice has been sought.

**Post-natal Exercises.**

The majority of patients carry out supervised exercises in the puerperium but there still remains that hard nucleus of patients that will not take advantage of recent knowledge.

**Post-natal Examination.**

The midwives still advise their patients to attend for post-natal examination either at the doctor's surgery (if booked) or at the Municipal Clinic. The former arrangement leaves much to be desired.

**Midwifery Night Service.**

This service still operates between 8-0 p.m. and 8-0 a.m. and is both satisfactory to the patients and their friends and popular with the midwives.

**Medical Assistance (Pregnancy, Labour and Puerperium).**

| | | | |
|---|---|---|---|
| MOTHER. | | | |
| Pregnancy. | 1. Toxæmia | 20 | |
| | 2. Ante-partum hæmorrhage | 13 | |
| | 3. Pyelitis | 1 | |
| | 4. Miscarriage | 13 | |
| | 5. Death in utero | 1 | |
| | 6. Hypertension (essential) | 5 | |
| | 7. Eclampsia | 1 | |
| | | — | 54 |
| Labour. | 1. Delayed 1st stage | 16 | |
| | 2. ,, 2nd ,, | 17 | |
| | 3. Retained placenta | 7 | |
| | 4. Post-partum hæmorrhage | 17 | |
| | 5. Malpresentation | 20 | |
| | 6. Prolapsed cord | 3 | |
| | 7. Uterine inertia | 7 | |
| | 8. Disproportion | 5 | |
| | 9. Ruptured perineum | 145 | |
| | 10. Premature labour | 11 | |
| | 11. Fœtal distress | 9 | |
| | 12. Maternal distress | 4 | |
| | 13. Precipitate labour | 1 | |
| | | —— | 262 |
| | *Carried forward* | | 262 |

| | | | |
|---|---|---|---|
| | *Brought forward* ... ... ... | | 262 |
| Puerperium. | 1. Puerperal pyrexia ... ... ... ... ... ... | 39 | |
| | 2. Phlebitis ... ... ... ... ... ... ... ... ... | 7 | |
| | 3. Breast abscess ... ... ... ... ... ... ... | 1 | |
| | 4. Mastitis ... ... ... ... ... ... ... ... ... | 3 | |
| | 5. Subinvolution ... ... ... ... ... ... ... | 2 | |
| | | —— | 52 |
| | Other conditions in mother ... ... ... ... ... | 37 | |
| | | —— | 37 |
| | TOTAL ... ... ... ... ... | | 405 |
| INFANT. | | | |
| | 1. Ophthalmia neonatorum ... ... ... ... ... | 1 | |
| | 2. Pemphigus neonatorum ... ... ... ... ... | 1 | |
| | 3. Discharging eyes (non-purulent) ... ... ... | 80 | |
| | 4. Asphyxia ... ... ... ... ... ... ... ... | 12 | |
| | 5. Hæmorrhagic disease ... ... ... ... ... ... | 1 | |
| | 6. Hæmolytic disease ... ... ... ... ... ... | 1 | |
| | 7. Congenital abnormalities ... ... ... ... ... | 10 | |
| | 8. Jaundice ... ... ... ... ... ... ... ... | 5 | |
| | 9. Septic spots ... ... ... ... ... ... ... ... | 4 | |
| | 10. Premature infant ... ... ... ... ... ... | 30 | |
| | 11. Other conditions infant— ... ... ... ... | 26 | |
| | | —— | |
| | TOTAL ... ... ... ... ... | | 171 |
| SUMMARY OF MEDICAL AIDS. | | | |
| | Mother ... ... ... ... ... ... ... ... ... ... ... | 405 | |
| | Infant ... ... ... ... ... ... ... ... ... ... ... | 171 | |
| | | | —— |
| | GRAND TOTAL ... ... ... | | 576 |

## SUPERVISION OF HOSPITAL MIDWIVES.

| | |
|---|---|
| Number of midwives in practice in hospitals on December 31st, 1951 ... ... ... ... ... ... ... ... ... ... ... | 36 |
| Number of notifications of Artificial Feeding :— | |
| (*a*) Complementary ... ... ... ... ... ... ... ... ... | 80 |
| (*b*) Supplementary ... ... ... ... ... ... ... ... ... | 38 |
| TOTAL ... ... ... ... ... | 118 |

## SUPERVISION OF MATERNITY HOME MIDWIVES.

| | |
|---|---|
| Number of live births ... ... ... ... ... ... ... ... ... | 193 |
| ,, ,, stillbirths ... ... ... ... ... ... ... ... ... | 2 |
| TOTAL ... ... ... ... ... | 195 |
| Number of abortions between 18th and 28th week ... ... | 1 |
| ,, ,, notifications of puerperal pyrexia ... ... ... ... | ... |
| ,, ,, ,, ,, ophthalmia neonatorum ... ... | ... |
| ,, ,, ,, ,, pemphigus neonatorum ... ... | .. |
| Number of notifications of Artificial Feeding :— | |
| (*a*) Complementary ... ... ... ... ... ... ... ... ... | ... |
| (*b*) Supplementary ... ... ... ... ... ... ... ... ... | 6 |
| TOTAL ... ... ... ... ... | 6 |

N.B.—There is a marked increase in the incidence of artificial feeding for infants delivered in hospital.

SUMMARY OF STATISTICS AFFECTING :—
A. Domiciliary midwifery.
B. Institutional midwifery.

| ARTIFICIAL FEEDING. | *Complementary.* | *Supplementary.* | *Total.* |
|---|---|---|---|
| A. Domiciliary midwifery... | 40 | 27 | 67 |
| B. Institutional midwifery— | | | |
| (1) Hospital... ... ... | 80 | 38 | 118 |
| (2) Nursing home ... | ... | 6 | 6 |
| | 120 | 71 | 191 |

| INFECTIOUS DISEASES. | *Puerperal Pyrexia.* |
|---|---|
| A. Domiciliary midwifery ... ... ... ... ... ... | 13 |
| B. Institutional midwifery — | |
| (1) Hospital ... ... ... ... ... ... ... ... | 37 |
| (2) Nursing home ... ... ... ... ... ... ... | ... |
| TOTAL ... ... ... ... ... | 50 |

| | *Ophthalmia Neonatorum.* |
|---|---|
| A. Domiciliary midwifery ... ... ... ... ... ... | 1 |
| B. Institutional midwifery— | |
| (1) Hospital (after discharge) ... ... ... ... | 1 |
| (2) Nursing home ... ... ... ... ... ... ... | ... |
| TOTAL ... ... ... ... ... | 2 |

## PART II MIDWIFERY TRAINING SCHOOL.

### Teaching Staff.

| | |
|---|---|
| Number of approved district teachers on January 1st ... ... | 4 |
| ,, ,, ,, ,, ,, ,, December 31st ... ... | 4 |

### Pupil Midwives.

Owing to the resignation of Miss E. McGill an approved district teacher who had accommodation for three pupil midwives, it became necessary to reduce the number of pupil midwives from 11 to 8, to be in training at a time.

These pupils are accommodated as follows :—

| | |
|---|---|
| Royal District Nurses' Home, Salford, 5 ... ... ... ... ... | 6 |
| Miss E. M. Syrett, 60, Langworthy Road, Salford, 6 ... ... | 2 |
| TOTAL ... ... ... ... ... | 8 |

Negotiations with the Ministry of Health with regard to the requisition of Jutland House as a training school for pupil midwives continued throughout the year. The dividing of the students into different residences has led to many difficulties which could only be solved by making hostel accommodation available to all.

### Theoretical Instruction.

#### Lectures.

Two series of lectures have been given by the approved lecturers as follows :—

Dr. M. Sproul—Public Health.
Dr. A. J. Gill—Venereal Diseases.

In addition, the latter has given clinical demonstrations on the subject in the Special Clinic in Regent Road, Salford, 5.

**Tutorials.**

Weekly tutorials have been given by the Supervisor of Midwives covering the subjects of midwifery and public health. Talks by the Superintendent Health Visitor and Supervisor of Day Nurseries have been greatly appreciated.

**Visits.**

Each group of pupil midwives have had the opportunity of visiting a Day Nursery and have also seen the work of the Infant Welfare Centres in the City.

## Practical Instruction.

The remaining three approved district teachers have worked extremely hard to give the pupils the practical experience on the district necessary before qualifying as State Certified Midwives.

| | |
|---|---|
| Number of supervisory visits paid by approved district teachers ... | 4,692 |

## Training School Statistics.

| | |
|---|---|
| Number of pupils in training on January 1st ... ... ... ... | 11 |
| ,, ,, ,, ,, ,, ,, December 31st ... ... ... ... | 8 |
| ,, ,, ,, who discontinued training ... ... ... ... ... | 2 |

Reasons given—

(1) Did not like district work.
(2) Serious illness of mother.

## Examination Results.

| | |
|---|---|
| Number of successful candidates (first attempt) ... ... ... ... | 16 |
| ,, ,, failures ... ... ... ... ... ... ... ... ... ... | 2 |
| TOTAL ENTRIES... ... ... ... ... | 18 |

Both failures were successful at their second attempt.

It is also interesting to note that four of these eighteen candidates were appointed Municipal Midwives by December 31st, 1951, and a further one had been promised an appointment if successful at the December examination.

## INSPECTION OF NURSING HOMES.

There are two registered Nursing Homes in the City—one for maternity cases (20 beds) and one for general medical and surgical cases (18 beds).

Both homes were visited during the year.

## CARE OF MOTHERS AND YOUNG CHILDREN

**Ante-natal Clinics.**

One ante-natal session was moved from Regent Road Centre to the new Langworthy Centre in September, and one midwife's session was also moved, thus making provision for mothers who live in the Langworthy and Seedley areas.

The total number of attendances at the Medical Officer's ante-natal sessions was 4,355.

Routine Khan tests, Hæmoglobin estimations and tests for Rhesus factor were carried out as usual. For these and other tests we are grateful to Dr. Crawford and his staff.

| | |
|---|---|
| Khan tests ... ... ... ... ... ... ... | 1,127 |
| Hæmoglobin estimations ... ... ... ... | 1,167 |
| Tests for Rhesus factor ... ... ... ... | 1,132 |

Only four mothers were found to be Wassermann positive and were sent for treatment.

One hundred and ninety-four mothers were found to be Rhesus negative, and of these eight were found to have Rhesus anti-bodies and were sent to hospital for delivery.

The average Hæmoglobin percentage was found to be 82·76.

**Post-natal Clinics.**

The attendances at these clinics are still far from satisfactory. The number of mothers who attended during the year was 285, as compared with 345 in 1950.

More general practitioners are undertaking these examinations, but it has not been possible to obtain the exact number.

**Child Welfare Centres.**

As mentioned earlier in the report it has been found possible to increase the number of special sessions for " toddlers " during the year. From October, in addition to the sessions held at each of the three main centres, arrangements were made for sessions at each Child Welfare Centre in the City.

The total number of children seen at these sessions during the year was 2,008.

At Murray Street Clinic 49 Toddler Sessions were held. 1,140 children were invited and 438 attended. Average attendance at each session was 8·9. Invitations were by appointment—five being invited each quarter hour.

Two hundred and twenty-six defects were found among the children as follows :—

| | |
|---|---|
| Orthopaedic Conditions. | |
| Foot conditions ... ... ... ... ... ... ... ... ... ... | 12 |
| Genu-Valgum ... ... ... ... ... ... ... ... ... ... ... | 41 |
| Genu-Varum ... ... ... ... ... ... ... ... ... ... ... | 4 |
| Poor Nutrition ... ... ... ... ... ... ... ... ... ... ... | 10 |
| Debility ... ... ... ... ... ... ... ... ... ... ... ... | 9 |
| Mild Rickets ... ... ... ... ... ... ... ... ... ... ... | 2 |
| Anaemia ... ... ... ... ... ... ... ... ... ... ... ... | 7 |
| Dental Caries ... ... ... ... ... ... ... ... ... ... ... | 17 |
| Enlarged Tonsils and Adenoids ... ... ... ... ... ... ... | 20 |
| Ear Conditions ... ... ... ... ... ... ... ... ... ... ... | 2 |
| Enlarged Glands ... ... ... ... ... ... ... ... ... ... | 5 |
| Eye Conditions. | |
| Strabismus ... ... ... ... ... ... ... ... ... ... ... | 10 |
| Other ... ... ... ... ... ... ... ... ... ... ... ... | 5 |

| | |
|---|---|
| SKIN CONDITIONS. | |
| Nits | 2 |
| Impetigo | 1 |
| Other conditions | 10 |
| HEART DISEASE | 3 |
| (These were known cases and had already been referred to consultant). | |
| BRONCHITIS | 23 |
| INFECTIOUS DISEASES | 2 |
| BEHAVIOUR DISORDERS | 6 |
| MISCELLANEOUS | 35 |

Some of the children were already receiving treatment for their defects, *e.g.*, of the ten cases of strabismus four had already received treatment at the Eye Clinic or the Eye Hospital.

Of the 431 children seen the number found to be taking cod liver oil and orange juice was 247, 77 were taking a cod liver oil substitute and 36 an orange juice substitute, 21 were taking cod liver oil alone and 53 orange juice alone, 49 were taking neither cod liver oil nor orange juice.

These special sessions for " toddlers " are much appreciated by parents and many attend who have never been to a Welfare Centre before. Frequent requests for another appointment come by letter or by telephone if for some reason it has not been found possible to keep the original appointment.

It is hoped at a later date to publish a full report of a complete year's working of these clinics.

**Domiciliary Premature Baby Service.**

STAFF.

| | |
|---|---|
| Number of staff, January 1st, 1951 | 2 |
| ,, ,, ,, December 31st, 1951 | 2 |

Both premature baby nurses are qualified general nurses and midwives and have had special instruction in the care of the premature infant.

A very high standard of work has been maintained over the year, and we remain indebted to the Matron, Hope Hospital, for the storage of equipment for the domiciliary premature baby cots.

The requirement of the Minister of Health to know the exact weight of premature infants has necessitated the provision of accurate scales and transport for these to and from the homes of the people.

The domiciliary service works in very close liaison with the hospital staff making it possible for many small babies to be discharged under weight, their subsequent care being in the hands of the domiciliary premature baby nurses.

Transport of the nurses has been a real difficulty until the latter part of the year. Assistance in emergency by the Central Garage has proved a real value when there have been staff shortages and a good deal of work scattered throughout the City.

Ideas for the future include :—

1. Headquarters of the service at Jutland House.
2. Provision of special premature infant clothing.

During the year the premature baby nurses have cared for a number of immature infants whose weight was above 5½ lbs., but whose general condition required special and prolonged care. Information with reference to these infants was received from doctors, health visitors and midwives.

**Post Graduate Courses.**

One of the premature baby nurses attended a special course of instruction for one month at Sorrento Maternity Hospital, Birmingham.

**Premature Baby Statistics.**

| | |
|---|---|
| 1. Number of domiciliary live premature births ... ... ... ... | 69 |
| 2. ,, ,, ,, premature stillbirths ... ... ... ... | 10 |
| TOTAL ... ... ... ... ... | 79 |
| 1. Number transferred to hospital ... ... ... ... ... ... ... | 17 |
| 2. ,, nursed at home ... ... ... ... ... ... ... ... | 52 |
| TOTAL ... ... ... ... ... | 69 |

Results of the latter are as follows :—

| Birth Weight. | Died in first 24 hours. | Died 2nd—7th day. | Died 8th—28th day. | Survived 28 days. | Total. |
|---|---|---|---|---|---|
| Under 2 lbs. 3 ozs. ... ... ... | ... | ... | ... | ... | ... |
| 2 lbs. 3 ozs. and under 3 lbs. 4 ozs. | 2 | ... | ... | ... | 2 |
| 3 lbs. 4 ozs. and under 4 lbs. 6 ozs. | ... | 1 | ... | 9 | 10 |
| 4 lbs. 6 ozs. and under 4 lbs. 15 ozs. | ... | ... | ... | 13 | 13 |
| 4 lbs. 15 ozs. and under 5 lbs. 8 ozs. | 1 | ... | ... | 26 | 27 |
| TOTAL ... ... ... ... | 3 | 1 | ... | 48 | 52 |

Nursing visits to premature infants :—

| | |
|---|---|
| Domiciliary cases and follow-up visits of hospital discharges ... | 2,072 |
| Nursing visits to immature infants (weakly infants over 5½ lbs.) | 60 |
| TOTAL ... ... ... ... ... ... | 2,132 |

## Premature Births in Nursing Homes.

| | |
|---|---|
| Number of live premature infants ... ... ... ... ... ... ... | 10 |
| ,, ,, stillborn premature infants ... ... ... ... ... ... | ... |
| TOTAL ... ... ... ... ... ... | 10 |
| Number transferred to hospital ... ... ... ... ... ... ... | 1 |
| ,, nursed in nursing home ... ... ... ... ... ... ... | 9 |
| TOTAL ... ... ... ... ... ... | 10 |

Results of the latter are as follows :—

| Birth Weight. | Died in first 24 hours. | Died 2nd—7th day. | Died 8th—28th day. | Survived 28 days. | Total. |
|---|---|---|---|---|---|
| 2 lbs. 3 ozs. and under ... ... | ... | ... | ... | ... | ... |
| 2 lbs. 3 ozs. and under 3 lbs. 4 ozs. | ... | ... | ... | ... | ... |
| 3 lbs. 4 ozs. and under 4 lbs. 6 ozs. | ... | ... | ... | ... | ... |
| 4 lbs. 6 ozs. and under 4 lbs. 15 ozs. | ... | ... | ... | 7 | 7 |
| 4 lbs. 15 ozs. and under 5 lbs. 8 ozs. | ... | ... | ... | 2 | 2 |
| TOTAL ... ... ... ... | ... | ... | ... | 9 | 9 |

**Breast Feeding.**

The breast feeding sister took up her appointment in February and the following is a summary of the work carried out by her during the year.

NUMBER OF CASES REFERRED BY :—

| | |
|---|---|
| Medical Officers ... ... ... ... ... ... ... ... ... ... ... | 77 |
| Health Visitors ... ... ... ... ... ... ... ... ... ... ... | 68 |
| Midwives ... ... ... ... ... ... ... ... ... ... ... ... ... | 9 |
| Hope Hospital ... ... ... ... ... ... ... ... ... ... ... | 3 |
| TOTAL ... ... ... ... ... | 157 |

AGE GROUP OF CASES REFERRED :—

| | | |
|---|---|---|
| Under 4 weeks. | First babies ... ... ... ... ... ... ... ... | 60 |
| | Others ... ... ... ... ... ... ... ... ... | 34 |
| | TOTAL ... ... ... ... ... | 94 |
| 4 to 8 weeks. | First babies ... ... ... ... ... ... ... ... | 25 |
| | Others ... ... ... ... ... ... ... ... ... | 20 |
| | TOTAL ... ... ... ... ... | 45 |
| 8 to 12 weeks. | First babies ... ... ... ... ... ... ... ... | 8 |
| | Others ... ... ... ... ... ... ... ... ... | 7 |
| | TOTAL ... ... ... ... ... | 15 |
| Over 12 weeks. | First babies ... ... ... ... ... ... ... ... | 1 |
| | Others ... ... ... ... ... ... ... ... ... | 2 |
| | TOTAL ... ... ... ... ... | 3 |
| Total number of first babies ... ... ... ... ... ... ... ... | | 94 (59·8%) |

PLACE OF BIRTH.

| | |
|---|---|
| Home—attended by Municipal Midwife ... ... ... ... ... ... | 47 (29·9%) |
| Hospital ... ... ... ... ... ... ... ... ... ... ... ... ... | 110 (70%) |

CASES DISCHARGED TO CARE OF HEALTH VISITOR.

| | |
|---|---|
| (*a*) Completely breast fed ... ... ... ... ... ... ... ... ... | 40 |
| (*b*) Partially breast fed ... ... ... ... ... ... ... ... ... | 40 |
| (*c*) Wholly artificially fed ... ... ... ... ... ... ... ... ... | 67 |

HOME VISITS.

| | |
|---|---|
| Total number paid ... ... ... ... ... ... ... ... ... ... | 1,129 |
| Number of no access calls ... ... ... ... ... ... ... ... ... | 110 |

ATTENDANCE AT MATERNITY AND CHILD WELFARE CENTRES.

| | |
|---|---|
| (*a*) At Ante-natal Clinic ... ... ... ... ... ... ... ... ... | 43 |
| (*b*) At Infant Welfare Centre ... ... ... ... ... ... ... ... | 66 |

The reason for the referral of approximately two-thirds of all cases was insufficient or failing lactation. Approximately 60 per cent. of cases referred were first babies.

Reasons for failure of lactation :—

(1) Over anxiety on the part of the mother or her relatives.

(2) Obstructive engorgement of the breasts occurring on the third to fourth day of the puerperium. This often appears to cause failure of lactation from the third to sixth week and is more common in primiparæ. The condition can be prevented by teaching the mothers to express colostrum during the last month of the antenatal period.

(3) Indifferent general health of the mother.

(4) Indifference to breast feeding.

(5) Refusal of the infant to feed.

This occurs where there is insufficient milk in the breast. After a few minutes suckling the flow diminishes and the baby refuses to feed. If the mother tries to persuade him to take the breast he fights and screams and greatly distresses her. Lack of stimulation causes further decrease in lactation. The mother is reluctant to persevere and breast feeding is discontinued.

Other reasons for cases being referred were vomiting after feeds, overfeeding, flatulence and for general supervision.

It will be noted that a high proportion of cases referred were wholly artificially fed when discharged to the care of the health visitor—67 altogether. In 41 of these cases the mother discontinued the feeding herself because she considered that lactation was inadequate for full breast feeding. In 16 cases the mother was advised to discontinue feeding by her own doctor. In eight cases test feeding carried out in the Welfare Centre showed that lactation was very inadequate—less than $\frac{1}{2}$ oz. per feed. One infant was admitted to hospital with pyloric stenosis and discharged on artificial feeding, and one mother, who had developed mastitis, was advised by the doctor at the hospital to discontinue breast feeding.

The remaining 90 cases with whom breast feeding was wholly or partly maintained would probably have resorted to artificial feeding if the mothers had not been given advice and help at the time when they needed it.

**Dental Care.**

(*Report by Senior Dental Officer*).

Routine examination and treatment of mothers and children under five could not be undertaken during the year because of staff difficulties. Such treatment as has been provided has been mainly of an emergency nature at the request of the Maternity and Child Welfare Services, and details are appended below :—

(*a*) *Numbers provided with dental care.*

| | Examined. | Needing Treatment. | Treated. | Made Dentally Fit. |
|---|---|---|---|---|
| Nursing and expectant mothers ... ... | 16 | 16 | 11 | 10 |
| Children under five years ... ... ... | 353 | 351 | 297 | 297 |

*(b) Forms of dental care provided.*

| | Extractions. | Anæsthetics. | | Fillings. | Scaling and gum treatment. | Silver Nitrate. | Dressings. | X-Ray | Dentures. | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Local. | General. | | | | | | Full. | Part. |
| Nursing and expectant mothers ... ... ... ... | 42 | 4 | 9 | 13 | 1 | ... | 1 | ... | ... | ... |
| Children under five years ... | 631 | 25 | 279 | 39 | ... | 26 | 48 | ... | ... | ... |

**Physiotherapy Service.**

*Artificial Sunlight.*

The conditions for which a course of ultra violet light has been given are as follows :—

(1) Evidence of Rickets :
Wide Fontanelle.
Late Dentition.
Bowing Tibia.
Muscle Hypotonia.

(2) Genu-Valgum.

(3) Recurring Bronchitis.

(4) Upper Respiratory Catarrh.

(5) Cervical Adenitis.

(6) General Debility, as evidenced by one or more of the following :

Lack of appetite.
Fretfulness.
Failure to gain weight.
Poor sleep.
Poor muscle tone.
Pallor.

In this last class the children have shown the best response to treatment. In the great majority of cases the mothers, when questioned specifically, have volunteered the information that the child's appetite has improved, that he has become more placid, and is sleeping better.

In a few cases the opposite has been the case—treatment has increased the irritability, there has been no improvement in appetite, and feverish colds appear to have followed the treatment.

While a number of these cases are undoubtedly genuine, there are others where one has gained the impression that it is the mother's disinclination to bring the child for treatment, rather than any untoward symptoms, that caused the treatment to be stopped. Children showing symptoms of incipient rickets have been cured by the sunray treatment—usually two or three courses have been necessary. (A course of treatment consists of attendance twice weekly for six weeks).

Healthy children with postural genu-valgum show no improvement from sunray alone. The condition has responded to exercises and wedging of the shoes.

Children with poor muscle tone and genu-valgum, who have been treated by exercises and wedged shoes, have often shown a more rapid improvement when a course of sunray has been given in addition.

Upper respiratory catarrh, with enlarged tonsils and adenoids, does not show much response to treatment, though the child's general condition is often improved and the tendency to recurring colds diminished.

**Psychological Service.**

Miss Schofield now attends for six sessions per week—five Child Welfare and one Ante-natal session. In addition, she has visited Day Nurseries and given talks to Parent Teacher Association meetings, to Mothers' Clubs, to the Nursery School Association and to Nursery Assistants' meetings.

On her work in the Maternity and Child Welfare Department she reports as follows :—

*Attendances.*

| Regent Road— | *New.* | *Subsequent.* |
|---|---|---|
| a.m. ... ... ... ... ... ... | 77 | 154 |
| p.m. ... ... ... ... ... ... | 70 | 159 |
| Murray Street ... ... ... ... ... | 66 | 201 |
| Police Street ... ... ... ... ... | 85 | 143 |
| Cleveland ... ... ... ... ... ... | 68 | 105 |
| Regent Road Ante-natal ... ... ... ... ... ... ... | 525 | |

At one Centre one meets the typical suburban mother, who gives her children good physical and material care and provides a happy home which gives real security. But one meets a proportion of over-anxious and over-fastidious parents who create the type of problem which over-mothering brings. Children need loving care, but "smothering" can be harmful. The type of mother in this clinic is, however, usually intelligent and is interested and responsive to explanations and suggestions. Very few fail to understand and remedy the problems and provide the healthier conditions of balanced emotional care, with the opportunity for meeting some difficulties, so that the children become happy and self-reliant.

In the ante-natal clinics many talks have been given both to groups and to individuals on the many aspects of mental and emotional functioning and of the benefits ensuing when parents and children are happily engaged in congenial work or play. Talks on glandular reactions in fear, anger, happiness, etc., and the results on the body, have interested many mothers, as well as talks on the healing powers of body and mind. A very big number of mothers confessed to ignorance about conception, pregnancy, etc., and very interesting discussion followed talks with the Birth Atlas. In these clinics family problems of all kinds were discussed and time after time one wished that both parents could discuss the difficulties, receive explanations and come to some happier arrangements. In many instances, mothers of children who had received advice in the pre-school years, sought help for their children now attending school. Very few were the major problems one would refer to a Child Guidance Clinic. Many were problems arising from mental and emotional growth and requiring adjustments, just as adjustments must go along with physical growth.

In a large proportion of the talks, one met, time after time, the strain and frustration due to economic stress and bad housing. Several depressions vanished when families got into better homes or got some additional financial help. The mothers who did not get such relief, however, did express their gratitude for the opportunity of talking about their worries.

At another Centre problems were mixed—some of the type mentioned as occurring at the Cleveland, but others of less fortunate families, who are overwhelmed with difficult conditions and, consequently, develop anxieties or frayed tempers. At Regent Road and Police Street mothers were very co-operative and helpful when suggestions were made.

All the usual problems have been met—fears, jealousies, temper tantrums, aggression, excessive shyness, enuresis, feeding and sleeping problems in children, depressions, anxieties, phobias, etc., in mothers. Quite a lot of difficulties arise in cases where the wife has earned good money before marriage and now has to keep a family on the husband's wage alone. In numerous instances mothers have gone out to work and here the children often suffer quite appreciably. Fathers also have difficulty when trying to adjust themselves to looking after the family.

**Family Planning Clinic.**

The Clinic opened by the Family Planning Association in Salford has been very successful. Seventy-two mothers were referred by Medical Officers of the Department and 43 attended.

**Cookery Demonstrations.**

These have been held throughout the year at Ordsall Centre and at Police Street Centre from April 19th, 1951, and are attracting an increasing number of mothers who attend these Centres. The demonstrations are held during the ante-natal sessions and the scheme is a progressive one, starting with simple dishes and then proceeding, using the same basic principles to more elaborate ones. It is also graded to the time of year, foods in season and at their cheapest. Opportunity is taken during the demonstrations to give instruction on food values, and the purchasing of food.

It is very evident that these classes fill a need. Many of the younger mothers say they never cooked until they married. If they wanted to learn at home, mother said she could do it more quickly, or they might waste and spoil the rations. This latter a serious matter. Hence, they have no home training and are greatly thrilled when they can produce a cheap, well-cooked nourishing and tasty dinner.

Attention is given to meals for toddlers as well as for adults, and also to packed lunches for the working members of the family to carry out.

Members of the staff are showing a keen interest in the classes and look in at odd moments when free from their regular duties. This has proved an added incentive and encouragement to the mothers.

**Mothers' Clubs.**

The Mothers' Club at Murray Street Centre continues to flourish. A meeting was held each month throughout the year, the average attendance being 26. Activities included play reading, table tennis, talks, a film show—" A Family Affair "—arranged by the Education Department, a Beetle Drive

and a Quiz. In the summer the club members enjoyed a drive into the country and a visit to Broadcasting House, and in the autumn there was a visit to Blackpool to see the illuminations.

An invitation given by the Encombe Place Mothers' Club to their birthday party was accepted and a very enjoyable evening followed.

A most successful Christmas Party was given to 45 children, all of whom received a present from " Father Christmas," played by the Centre Caretaker, Mr. Turner.

Finally, the members had their own party to celebrate a very successful year's activity.

Not a little of the success of this Mothers' Club is due to the Centre Superintendent, Miss Mason, who is always there and ready to help when needed. Miss Mason willingly gives up much of her time outside her duty hours to the service of the Club.

The Encombe Place Mothers' Club has had a difficult year. Membership has dropped and it has been a hard struggle for the staff and the few faithful members to keep things going. A full programme of activities has been carried out, including a visit to the pantomime, a conducted tour of a newspaper building, a birthday party, talks by Miss Doughty and Mr. Parrish, of the Education Department, and in the summer an evening drive and supper. A very successful Christmas Party, to which all the mothers in the neighbourhood were invited and which was attended by members of the Medical and Health Visiting staff, was held in December.

**Transfer of Information to School Health Service.**

During the year 3,826 records of children who had attained the age of five years were transferred from the Maternity and Child Welfare Department to the School Health Service. Every effort is made to enable these records to be made available for the Medical Officer concerned at the entrants' inspections.

## NURSERIES AND CHILD-MINDERS' REGULATION ACT, 1948.

There is still only one Nursery in Salford registered under this Act and there are no registered day minders.

## THE UNMARRIED MOTHER AND HER CHILD.

A full-time Health Visitor to carry out medico-social work for the Unmarried Mother and her Child was appointed in April. It will be recalled that this work was formerly undertaken in conjunction with Care of the Aged and Infirm, and as a result was rather pushed into the background in order to give priority to the more urgent and pressing needs of the old people.

In order to keep in touch with the normal aspects of family life the health visitor appointed reserves one session each week for general health visiting.

Expectant unmarried mothers were made known to the Department through now well established channels. Every effort was made to keep in touch with girls assisted in former years, many of whom still need help and encouragement. After-care of these cases has been one of our chief concerns.

Seventy-six expectant mothers were interviewed, and 32 mothers seen for the first time after the birth of their babies. Ages of mothers ranged from under 16 to over 30 years :—

| | |
|---|---|
| Under 16 years | 2 |
| 17—18 years | 13 |
| 19—25 years | 58 |
| 26—30 years and over | 35 |
| TOTAL | 108 |

*Classification.*

| | First pregnancy. | Second pregnancy. | Third pregnancy. | Fourth pregnancy. | Total. |
|---|---|---|---|---|---|
| Single girls | 81 | 9 | 1 | ... | 91 |
| Married women | 4 | 5 | 2 | 1 | 12 |
| Widows | 1 | 1 | 1 | ... | 3 |
| Divorcees | 1 | ... | ... | 1 | 2 |
| TOTAL | 87 | 15 | 4 | 2 | 108 |

The following summary shows the position regarding these 108 cases at the end of the year :—

| | | |
|---|---|---|
| Child with mother | 48 | |
| Parents co-habiting | 10 | |
| Removed from Salford | 10 | (5 before birth of baby). |
| Mother married | 11 | (7 before birth of baby). |
| Child care of Children's Officer | 1 | |
| With prospective adopters | 1 | |
| With relatives | 2 | (one mother deceased). |
| Child care of Voluntary Home | 3 | |
| With foster parents | 1 | |
| In hospital | 1 | |
| Stillborn | 2 | |
| Died after birth | 1 | (mother mental defective). |
| Mothers admitted to Hostel | 2 | |
| Mothers in care of Mental Health Department | 1 | |
| Mother in Remand Home | 1 | |
| Pregnancy not confirmed | 1 | |
| Births pending | 12 | |
| TOTAL | 108 | |

*Home Visits.*

| | |
|---|---|
| To unmarried mothers in Ante-natal and Post-natal periods | 455 |
| To illegitimate children (included in general figure) | 332 |
| Special visits | 8 |
| Visits and interviews with social workers | 7 |
| No access | 23 |
| Visits to Court | 10 |
| TOTAL | 835 |

*Illegitimate children* registered during the year numbered 176. Of these :—

80 were already known to the medico-social worker ;
40 were children of mothers not normally resident in Salford ;
56 were living with parents (co-habiting).

Where parents are living together, the health visitor visits as in the case of a normal home ; indeed, she is in most cases unaware that the parents are unmarried until the birth is registered. The special worker in these cases visits only if problems arise.

*Removals* of all illegitimate children were as in former years notified to the appropriate authority.

*Affiliation.* Comparatively few mothers will apply for Affiliation Orders, although all are encouraged to do so in their children's interest. It is increasingly stressed that such provision is the child's right and is for his benefit and not the mother's. Mothers receiving National Assistance are advised and helped with Affiliation matters by that Department.

Assistance was given by the medico-social worker in 23 instances :—

6 Mothers were referred for Legal Aid ;
6 Mothers were referred to the National Assistance Board ;
1 Mother married before the case was heard ;
10 Mothers were accompanied to Court, of whom 9 were successful in obtaining Orders. One case was dismissed owing to disappearance of the putative father.

**Children with Prospective Adopters.**

During the year the visiting of children during the trial period pending adoption has been continued, and reports submitted to the Children's Officer.

| | |
|---|---|
| Visits paid by special health visitor ... ... ... ... ... ... ... | 66 |
| Visits paid by general health visitors... ... ... ... ... ... ... | 33 |
| No access ... ... ... ... ... ... ... ... ... ... ... ... ... | 9 |
| TOTAL ... ... ... ... ... ... | 108 |

The interest of certain religious organisations outside Salford was stimulated by the specialist health visitor carrying out this work. As a result, sufficient toys were sent to provide Christmas gifts for all the illegitimate children from the poorer homes, and in many cases parcels of food were given in addition. Clothing and other articles of value were also given.

## DAY NURSERIES.

| | | |
|---|---|---|
| Number of Nurseries in operation ... ... ... ... ... ... | | 6 |
| Number of places. | Under 2 years... ... ... ... ... ... | 90 |
| ,, ,, ,, | Over 2 years ... ... ... ... ... ... | 180 |
| | TOTAL ... ... ... ... ... ... | 270 |

| Number on Registers. | *Under 2 years.* | *Over 2 years.* | *Total.* |
|---|---|---|---|
| January 1st ... ... ... ... | 70 | 202 | 272 |
| December 31st ... ... ... ... | 75 | 195 | 270 |

TOTAL ATTENDANCES (excluding Saturdays).

| | |
|---|---|
| Under 2 years ... ... ... ... ... ... ... ... ... ... | 14,751 |
| Over 2 years ... ... ... ... ... ... ... ... ... ... | 40,917 |
| TOTAL ... ... ... ... ... ... | 55,668 |

NUMBER OF DAYS OPEN (excluding Saturdays)—253.

AVERAGE DAILY ATTENDANCE.

| | | |
|---|---|---|
| Under 2 years | 58 | i.e., 78·7% |
| Over 2 years | 162 | i.e., 79·1% |
| TOTAL | 220 | i.e., 78% |

NUMBER ON WAITING LISTS.

December 31st.

| | |
|---|---|
| Under 2 years | 293 |
| Over 2 years | 337 |
| TOTAL | 630 |

The Nurseries are now taking an increasingly important part in the Child Welfare Services of the City. The demand for places continues to grow and during 1951 work was started on the two new Nurseries in Hayfield Terrace, Pendleton, and Bradshaw Street, Broughton. These Nurseries when completed will help to relieve the long waiting list.

Careful consideration is given to each application for a vacancy so that places are given only to those urgently needing them ; and this year more children have been admitted on a temporary basis either because of illness of the mother or through temporary incapacity of the father. The number of applications for places from separated or deserted parents seems to have increased and one cannot help feeling that unsatisfactory home conditions play a large part in causing disharmony between a young man and wife. One or two rooms either in a stranger's house or in " granny's " house cannot be an ideal for happy married life and the arrival of the children appears to cause further friction, frayed tempers and inability to settle differences of opinion and consequent separation.

During the year, 111 children were given temporary accommodation for periods varying from one week to eight weeks for the following reasons :—

| | |
|---|---|
| Confinements | 66 |
| Mother in hospital or convalescent home | 29 |
| Deaf child of widow admitted during closure of residential school for deaf | 1 |
| Mother temporarily deserted | 4 |
| Day minder ill | 3 |
| Father deserted (children later removed to relative) | 2 |
| Mother deceased (child later fostered by relative) | 1 |
| To enable mother to pay arrears of rent (N.S.P.C.C. case) | 1 |
| Father ill | 4 |

In addition, seven children were granted places for an indefinite period because of prolonged illness of the mother and one because of illness of the father.

Whenever possible, the mother is encouraged to visit the Nursery with the child at least once before the child is admitted. This not only allays any natural fears the mother may have for the welfare of her child, but gives the child an opportunity of seeing the Nursery and his prospective environment and playmates in the company of a trusted parent. These preliminary visits are greatly appreciated by the mothers especially those who have to go into hospital perhaps for several months and often the knowledge that her child is satisfactorily cared for during her absence helps in her ultimate recovery. Mothers who are in hospital for long periods receive letters from the Matron of the Nursery, who gives details of the child's progress and often snapshots of the child are sent.

It is believed that Nurseries can help to keep a family united despite hardship, for instance, a young mother with children ages 5, 2½ and twins age 7 months, developed spondylitis. The older child has just started school and arrangements were made for him to stay at school for dinner, the toddler was cared for during the day by the grandmother and the twins were admitted to a Nursery, being taken there by the father who also collects them on his way home from work. With the assistance of a part-time Home Help and the satisfactory care of the children this family is kept together and is united and happy despite difficulties.

**Training of Students.**

Two more Nurseries were approved by inspectors of the Ministries of Health and Education as complete training schools for students training for the certificate of the National Nursery Examination Board.

During the year, nine students employed in Day Nurseries were successful in passing the examination. There were again no failures. Of the nine successful candidates, four were offered posts as Nursery Nurses in our own Day Nurseries, three entered hospitals for nursing training, one obtained a post in a Manchester Day Nursery and one obtained a private post.

There has been some difficulty in getting satisfactory candidates for training during this year. The main reason for this seems to have been the low salary offered even after qualification. This has also been the reason for several members of staff leaving to get posts with more money.

**Other Training Courses.**

Two Nursery Assistants successfully completed a Senior Child Care Reserve Course.

One Acting Warden successfully completed a Warden's Course.

**Visitors.**

Our Nurseries are frequently visited by students training for other professions, including Student Nurses from the Royal Manchester Children's Hospital, Social Service Students from Manchester University, students taking C.C.R. or Warden's Courses arranged by Lancashire County Council, and Student Health Visitors. We have also had visitors from India, Ceylon and Africa. Girl Guides taking their Child Nurse Badge spend the required time helping to look after the children in the Day Nurseries.

**Equipment.**

One very welcome addition to the equipment during the year was the installation of a refrigerator in each of the six Nurseries.

There have not been many additions to the large type of toy during the year owing to lack of space for storage. Much use has, however, been made of scrap materials which have been obtained without cost, such as tyres from a local garage, bicycle rims from a cycle repair shop, wooden boxes from a brewery, wooden cable rollers from an electric firm in Manchester, pictures from a travel agency, sacks of scrap wood from a local wood yard and wall paper books from many sources. Our Teacher Superintendent is a first-class " scrounger."

The purchase of a radio-gram has given much pleasure to children and staff. Each of the Nurseries has the use of the radio-gram in turn, and it has also been a boon at Mothers' Club meetings.

**Playing Spaces and Gardens.**

Arrangements have been made with the Parks Department for the laying-out of the playing spaces round the Nurseries with gardens and grassy areas for the children to play on. One part has been set aside at each Nursery for the children's own garden. At three of the Nurseries these have been very successful, but at Wilmur Avenue, Fitzwarren Street and Howard Street the fences are continually being broken down by children and some adults living in the neighbourhood and plants trampled or pulled up and destroyed.

**Mothers' Clubs.**

Meetings were held fortnightly at two of the Nurseries and less frequently at others. Attendances have been disappointing and this is discouraging to the members of the staff who put in a great deal of extra time and work to try to make the Club a success. Talks on clothing, on footwear and on feeding have been given, and appropriate film shows arranged. With the help of the radio-gram musical evenings and country dancing classes have been held.

**Infections in the Nurseries.**

The condition which has given us most trouble has been measles—107 cases occurring during the year. In four of the Nurseries the cases occurred between January and April, and in the other two Nurseries between May and July.

Dysentery has been less troublesome than in previous years—40 cases, as compared with 71 in 1950. A prophylactic procedure which may account for the reduction in the number of cases has been adopted. The procedure is as follows :—

1. Specimen of stool collected and sent to laboratory.
2. Child excluded immediately and mother advised to call own doctor.
3. On receipt of pathological report showing the presence of dysentery the child's own doctor is informed by post, and further specimens obtained from the child at weekly intervals. After one negative specimen the child is re-admitted to Nursery ; but child is not considered " clear " until three consecutive negative reports are obtained. Should one of the subsequent specimens be positive the child is given four days treatment (as below).
4. If more than one case occurs in the same Nursery, the remaining children and staff are given prophylactic treatment as follows :—

CHILDREN :

*Succinylsulphathiazole Cream* Pro Infans N.F.

| | | | | |
|---|---|---|---|---|
| Under 1 year ... | 1 drachm | 3 times | daily for | 4 days. |
| 1-3 years ... ... | 2 drachms | ,, | ,, | ,, |
| Over 3 years ... | ½ ounce | ,, | ,, | ,, |

STAFF :

*Tabellae Succinylsulphathiazoli B.P.*

3 tablets 3 times daily for 3 days.

NOTE.—One fluid drachm of the cream contains 5 grains Succinylsulphathiazoli.
One tablet contains 0·5 grammes.

If any child or member of staff develops dysentery during prophylactic treatment he or she is excluded and own doctor notified giving amount of drug administered.

This procedure has seemed to have had the effect of "checking" the outbreaks.

Other infections which have occurred in the Nurseries are Whooping Cough (2 cases), Chickenpox (21 cases), Mumps (15 cases), Scarlet Fever (7 cases) and Rubella (7 cases).

**Use of Disinfectants in Nurseries.**

For almost two years an experiment has been carried out in the Nurseries. Three of the Nurseries have continued to use disinfectants in the usual way and in the other three Nurseries the use of disinfectants have been entirely discontinued.

Figures are not yet completed, but those available show that there is no more infection in the Nurseries not using disinfectants than in the others.

**Medical Inspections.**

Routine medical inspections have been carried out in the Nurseries as in previous years and Dr. Brown reports as follows :—

"The children have made good progress particularly those in the older age group. There is still not sufficient contact made between the mother and the Medical Officer, but, with few exceptions, the parent is seen once a day by the Matron or her deputy. This is not as close a contact as is desirable on account of the pressure on the staff during admittance and discharge of the children. In some cases, where it is deemed imperative to see the mother, arrangements have been made for attendance at the Nursery during the mother's "dinner hour," otherwise the mother is invited to attend at the nearest Welfare Centre. As these measures are only taken in exceptional cases only one default has been recorded.

The general health of the children has been satisfactory and no major epidemics have occurred during the year.

Minor respiratory troubles and enlarged tonsils and adenoids are still prevalent.

Ultra violet ray therapy is still given to the babies on entering the Nursery and subsequently when recommended at the medical inspections.

The children under the age of two years and those recommended for a course at the medical inspection, are given a course of Neumann Neurode Exercises. Two Nurseries at a time are visited by Miss Williams and the Nurseries are taken for the course in turns.

There is a diminution in the number of cases of minor orthopædic defects and the children show marked improvement during their stay in the Nursery. This is particularly noticeable in the 3-5 years age group."

## HEALTH VISITING SERVICE.

One of the main features of the year has been the development of specialist services within the section. The health visitor as teacher in the home, however, still remains the fundamental basis upon which success of the service depends, and, although seriously handicapped by shortage of staff, every effort has been made to preserve this educational function of the health visitor in both general and specialist fields.

The use of ancillary staff has done much, not only to assist her over-employed health visitor, but to prevent, where possible, her under-employment, *i.e.*, employment not requiring her full skill, either of which is expensive in wasted time, poor quality work and in worker morale.

### Staff.

**Appointments.**

Two Centre Superintendents were appointed, both from the general staff. One was an additional appointment to the new Langworthy Centre.

Four Specialist Health Visitors were appointed, three of whom were from the general staff. The appointments were in connection with :—

1. The Unmarried Mother and her Child.
2. The Aged and Infirm.
3. The Child Neglected in his own Home.
4. The Co-ordination of Hospital Work (Pædiatric Section) with Home Visiting.

One specialist nurse was appointed to assist in the promotion of breast feeding.

Four general health visitors were appointed to the permanent staff, following completion of 18 months' compulsory service under the health visitors' training scheme.

Nine newly qualified health visitors began their first period of 12 months' service according to the terms of agreement under the training scheme.

Five temporary clinic nurses were appointed.

Five students were accepted for the health visitors' training course commencing September, 1951, three of whom were transferred from the Clinic Nursing staff and one from the midwifery section.

**Resignations,**

One Centre Superintendent ; one Specialist Health Visitor (for the Care of the Unmarried Mother and her Child) and one temporary Health Visitor left for domestic reasons.

Three health visitors resigned from the permanent staff to take up other appointments ; another left on the occasion of her marriage.

Two former student health visitors left the service on completion of the agreed period of service under contract.

The appointment of one temporary clinic nurse was terminated.

**General Health Visiting.**

Combined work, i.e., health visiting, school nursing and tuberculosis visiting was continued as in previous years.

*Domiciliary Work.*

In the modern era of public health, with its emphasis on the family, the intensive visiting of children under five years tends to be regarded in many areas as a measure which has served its purpose.

Salford has, of course, shared in the general national improvement in the standard of mothercraft during the present century, which renders unnecessary some of the measures hitherto taken to promote adequate care.

The City, however, still remains one of the most densely populated areas in the country ; bad housing conditions, overcrowding and other adverse social conditions still operate against child health. It was therefore with some misgiving, and due in some measure to shortage of staff, that routine visiting at regular intervals was discontinued towards the end of the year. Visits to children of all ages were thereafter spaced according to circumstances prevailing when the child was last seen by a health visitor, the number of visits paid to each child being left to the health visitor's discretion.

*Tuberculosis Visiting.*

Regular visiting of all patients was maintained. Special consideration was given to the problem of overcrowding in the homes of these patients. All applicants applying to the Housing Committee for re-housing were referred to the health visitors, who, in each case, prepared a special report on the home circumstances, sleeping accommodation and facilities for isolation.

Good liaison between the Chest Physician and health visitors has been established. Preparation was in hand at the end of the year for—

(*a*) revision of the home visiting system to provide for more intensive supervision of the infectious case at home ; and

(*b*) for greater participation by the health visitor in measures taken for the protection of children by B.C.G. vaccination.

*Visiting of adults needing advice in case of illness* (excluding tuberculosis cases and elderly persons).

Although the number of persons concerned was only slightly greater than that of last year, an interesting development has been the increase in the number of people approaching the health visitor direct for advice. Of a total of 95 cases, 33 were referred by hospital almoners, and 47 by relatives or neighbours, or by patients themselves. In addition to these cases, advice to adults has been given in many unrecorded instances. The health visitor's advice is often sought, and readily given, when she is visiting the homes in the ordinary course of her work for children.

*Clinic Work.*

Clinics of all types have been staffed, where appropriate, by health visitors, clinic nurses, and hygiene attendants. In so far as is possible, clinic nurses and hygiene attendants have been used for curative and other work not needing for its performance the services of a qualified health visitor. Where possible, health visitors have attended Midwives' Clinics in order to give health talks.

A Toy-making Competition was arranged in May, and prizes awarded for the best entries from mothers and from fathers. The standard of work submitted was good, and showed much originality and skill.

| *Home Visiting.* | 1951. | 1950. |
|---|---|---|
| Visits to children under 1 year | 16,768 | 18,281 |
| * ,, ,, ,, 1—5 years | 29,391 | 29,331 |
| ,, ,, expectant mothers (excluding unmarried expectant mothers) | 510 | 578 |
| ,, ,, adults (individuals 95) | 279 | 182 |
| ,, ,, tuberculosis patients | 3,672 | 3,741 |
| Follow-up medical visits to children 5—15 years | 761 | 508 |
| ,, cleanliness visits to children 5—15 years | 634 | 525 |
| Visits to adolescents (B.C.G. vaccine) | 138 | ... |
| Special visits | 1,925 | 1,701 |
| Visits to aged persons | 1,615 | 1,646 |
| ,, ,, unmarried mothers (including expectant unmarried mothers) | 455 | 164 |
| ,, ,, breast feeding mothers (by special nurse) | 989 | ... |
| TOTAL INDIVIDUALS VISITED | 57,137 | 56,657 |
| Additional visits—no access | 9,111 | 10,371 |
| GRAND TOTAL | 66,248 | 67,028 |

* Including visits of special worker to illegitimate children.

| *Health Visitors' Clinic Sessions.* | 1951. | 1950. |
|---|---|---|
| Infant Welfare | 2,636 | 2,610 |
| Ante- and Post-natal | 690 | 804 |
| Chest Clinic | 75 | 41 |
| Family Planning | 36 | 32 |
| Minor Ailments (school) | 125 | 179 |
| School Clinics (medical) | 280 | 378 |
| TOTAL | 3,842 | 4,044 |

| *Time Distribution.* | 1951. *Full Staff.* | 1951. *Health Visitors only.* |
|---|---|---|
| Time spent in domiciliary work | 27·13% | 30·78% |
| ,, ,, ,, clinics | 36·4% | 27% |
| ,, ,, ,, schools | 9·8% | 12% |
| ,, ,, ,, clerical work | 19·03% | 23% |
| ,, ,, ,, travelling | 4·2% | 3·8% |
| ,, ,, ,, ambulance | ·25% | ·13% |
| ,, ,, ,, hospital liaison | ·27% | ·36% |
| ,, ,, ,, miscellaneous (staff meetings—refresher courses, etc.) | 2·9% | ·3% |

**Miscellaneous.**

*Refresher Courses.*

An intensive course for health visitors on the art of teaching was held at Homerton Teachers' Training College for two weeks, which was attended by two members of the staff. Short refresher courses were also held in Manchester, Salford and other local centres, which were attended by most members of the staff.

*Royal Sanitary Institute Congress, Southport.*

The Superintendent Health Visitor read a paper at this Conference on "The Health Visitor, Past, Present and Future."

*Royal College of Nursing Conference for Superintendent Public Health Nurses, London.*

The Superintendent Health Visitor attended this Conference and read a paper on " The Administrative Problems of Superintendent Health Visitors."

**Specialist Health Visiting.**

*CHILDREN NEGLECTED IN THEIR OWN HOMES.*

In November a special health visitor was appointed from the general staff to undertake certain duties concerned with the child neglected in his own home. A small district was retained for general health visiting and school nursing purposes.

Definitions for the purpose of this work :—

1. " *Neglected children.*" Children who are likely to suffer in their physical, mental or moral well-being and development because of short-term or long standing neglect.
2. " *Potentially neglected children.*" Children belonging to families where several of the factors leading to child neglect are present, but no actual breakdown has occurred.

The majority of cases are referred by health visitors in both instances. The remainder are referred by outside organisations to the Medical Officer of Health as Co-ordinating Officer.

The main duties of the specialist health visitor are :—

1. Intensive social work in collaboration with health visitors and outside social agencies for the rehabilitation of neglectful parents, and the care of neglected children. The aim is to prevent, if possible, the ultimate removal of such children from their homes.
2. To co-operate with the general health visiting staff in dealing with potentially neglected children, in order to prevent, where possible, these children from becoming " neglected."

Duties may be divided roughly into :—

(*a*) Home visiting.
(*b*) School visiting.
(*c*) Consultation with health visitors.
(*d*) Participation in Case Conferences.
(*e*) Contact with Social Agencies.
(*f*) Office interviews and clerical work.

*Home Visiting.*

Families classified in both categories were visited. Two-thirds of the total number of children involved belonged to only one-third of the total number of families, and these were the homes needing the most intensive visiting, as shown below :—

*Neglected Children.*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Families visited | ... | 33 | Children involved | ... | 67 | Visits paid | ... ... | 33 |
| ,, re-visited | ... | 10 | ,, ,, | ... | 41 | ,, ,, | ... ... | 15 |
| TOTAL... | ... | 43 | | | 108 | | | 48 |

*Potentially Neglected Children.*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Families visited | ... | 23 | Children involved | ... | 46 | Visits paid | ... ... | 23 |
| ,, re-visited | ... | 3 | ,, ,, | ... | 9 | ,, ,, | ... ... | 3 |
| TOTAL... | ... | 26 | | | 55 | | | 26 |

The aims of home visiting are :—

1. *Observation and diagnosis.* The worker tried to penetrate such obvious environmental factors as bad housing and poverty and to discover more about the human factors that lead to bad human relationships and child neglect.

2. *Personal influence.* A sense of duty and responsibility cannot be imposed by outside pressure ; it must be preceded by a change of will. Moreover, a change of will can only come about through a change of heart. Few parents are so depraved that they are quite incapable of loving their children —if they are, little can be done to help, for love cannot be taught. Often the capacity for love and compassion lies buried beneath apathy and plain selfishness. To call it out, to inspire a hardened or indifferent mother to love and cherish her children is the social workers' primary, but most difficult task.

3. *Education.* Once the will to do better in the future has been established, the need for patient teaching of family care arises. This includes the fields of personal health, child care, preparation of food, housecraft, budgeting, etc. It must be adjusted to the parents' mental capacity, which often is poor.

4. *Help and encouragement.* No teaching or reproof can be effective or acceptable to the parents unless it is combined with a real understanding of their difficulties. Help can be given in many ways—from sympathetic listening in times of trouble to material assistance in cases of emergency. In the latter instance, the Children's Welfare Fund has often provided assistance which has been of the utmost value.

5. *Supervision.* Whatever the parents' response—the child needs to be protected. This becomes urgent when personal influence has failed. Unfortunately, it has proved true that some parents only respond to negative incentives. The knowledge that constant visiting will take place, and fear of the consequences are in such families the children's only safeguard. Regular supervision is equally necessary in the case of mental backwardness of the parents. It depends for success on intensive home visiting over a long period. Owing to the pressure of other duties, this has only been possible in very few cases.

*School Visiting.*

Twenty-one neglected or potentially neglected children were seen at school on seven occasions, as yet only in schools on the special worker's own health visiting district. The aims are to co-operate with the teaching staff in helping unhappy and neglected children, and especially to influence older, and particularly, adolescent children not to succumb to the disorder and degradation of their homes. It must be borne in mind that many parents' standards cannot be improved within any foreseeable time. To give some support to these children outside the home seems to be essential if they are not to follow in their parents' footsteps.

Three methods have been tried so far :—

1. Personal influence during the course of routine health and cleanliness inspections. Chronic infestation with head lice is a sign of persistent neglect. Some of the children are generally dirty and ragged. To teach them to take an interest in their personal appearance is a way of building up their self respect, often sadly lacking.

2. Group teaching in the subjects of health, hygiene, mothercraft and home-making.

3. Social contact on special occasions, e.g., school concerts, Education Week, etc.

*Consultation with Health Visitors.*

The worker for the neglected child is ready to confer with her health visiting colleagues about their difficult families, especially those that are to be referred to a Case Conference Committee. When requested, she gets in touch with outside agencies on their behalf. So far her help has not included home visiting, owing to the fact that there are several districts to which health visitors are not yet appointed, and neglected children on these areas make the most urgent claim on the special worker's time. It is hoped, however, that, when opportunity increases, co-operation with the health visitors in the sphere of intensive social work will increase.

*Participation in Case Conference.*

The special worker is a permanent member of the Case Conference Committee. Cases for discussion are selected from health visitors' special reports, or, in the case of urgency, directly brought to the Conference at the health visitor's own request. In most cases, health visitor and special worker attend together. After an exchange of information between the social workers present an attempt is made to establish the factors that have led to the neglect of these children and, if possible, to penetrate more deeply into the causes of parental failure. In each case the best line of action is discussed by all present. In suitable cases the specialist health visitor undertakes to do intensive work with the family (either in person or through the district health visitor). In such cases she reports back in due course on progress—or otherwise.

*Contact with other Social Agencies.*

Contact was made by personal interview, telephone, or letter with the following Officers :—

Inspectors of the N.S.P.C.C. ;
The Family Service Unit ;
School Welfare Officers ;
Juvenile Employment Officer ;
National Assistance Board Officers ;
The Clergy ;
General Medical Practitioners ;
Hospital Almoners and Out-Patient staff.

The specialist health visitor tried to avoid undue overlapping with other workers' efforts. It is hoped that much progress will be made in this field.

*Clerical Work.*

Much time is taken up in writing special reports, both initial reports and visit reports. When the specialist health visitor began, there were 113 families on the Register of " Neglected Children." This has now increased to 120, of these 57 have so far come before the Case Conference Committee, 34 families alone out of the 120 live in the Trinity Ward, of which 19 families, up to now, have been the personal responsibility of the special worker in her capacity as general health visitor.

It is too early to report on progress or to come to any except the most tentative conclusions. One thing, however, can be said with confidence : the best investment in time is the visit paid to the home of the " Potentially Neglected Child," especially from the health visitor's point of view. (Whilst the ship of parenthood is still afloat—albeit with a leak and listing heavily—quite minor repairs can often prevent shipwreck and ensure the safety and happiness of the passengers ; the children. After actual shipwreck the work of salvage is long, difficult and uncertain). Thus, it is the time and strength spent on the rehabilitation of the family with marked child neglect that seems to prevent the social worker in general, and the Health Visitor in particular, from giving help where it is most effective.

**Co-ordination of Hospital Work with Health Visiting.**

It is now generally accepted that it is no longer in the interest of a patient to regard his stay in hospital as an isolated incident unrelated to his home and family. His home circumstances may have a direct bearing on the cause of his illness, and may retard or accelerate his recovery. Where children are concerned the standard of mothercraft, for example, is an important factor to be considered in relation to admission to and discharge from hospital.

In order to provide a link between home and hospital it was decided in June to appoint a special health visitor to visit the pædiatric wards at Hope Hospital and so to act as liaison-officer between doctors and nurses in the hospital and the health visitors responsible for visiting the children concerned in their own homes.

Beginning in one ward, the general surgical ward, which included orthopædic, and ear, nose and throat, as well as general surgery, the work was soon extended to cover all the children's wards. At first the interchange of information was made between the health visitor and the ward sister, but was soon followed by discussions with the resident medical staff, and later arrangements were made for the health visitor to accompany the Pædiatrician on his ward rounds.

It is hoped in the future to extend this service to adults, particularly to those suffering from gastric conditions, diabetes, rheumatism and other conditions where the full benefit of hospital treatment can only be derived by following a prescribed routine after discharge.

Follow-up work among children was found to be particularly valuable in conditions given below :—

(*a*) *Chronic chest conditions*, where long-term treatment is required after discharge from hospital. In cases of bronchiectasis, for example, there is often failure to carry out postural drainage, exercises, etc., unless follow-up work is done.

(*b*) *Chorea.* Adjustment to home conditions after long stay in hospital is sometimes difficult. After-care of these children is important ; poor home care may soon undo much of the good achieved by months of hospital treatment.

(*c*) *Feeding problems*—to prevent recurrence due to mismanagement.

(*d*) *Intestinal parasites*—to investigate the source of infection and prevent, if possible, reinfection.

(*e*) *Poor environmental conditions*, which are often predisposing factors in the case of illness.

(*f*) *Following removal of tonsils and adenoids*—to advise on after-care and to stress the importance of breathing exercises.

| | |
|---|---|
| Number of visits to hospital by special health visitor | 39 |
| Children seen and referred to district health visitors | 726 |

Types of case referred—

| | |
|---|---|
| Acute chest conditions | 34 |
| Chronic chest conditions | 49 |
| Pulmonary Tuberculosis | 6 |
| Rheumatism | 9 |
| Chorea | 6 |
| Intestinal parasites | 9 |
| Meningitis (including T.B. Meningitis) | 6 |
| Surgical cases (acute and chronic) | 77 |
| Gastric conditions | 21 |
| Ear, nose and throat cases (excluding T. and A's.) | 39 |
| Excision of tonsils and adenoids | 400 |
| Miscellaneous | 70 |
| TOTAL | 726 |

As a result of health visitors' reports—

| | |
|---|---|
| Discharge from hospital deferred | 34 cases. |
| Convalescence arranged | 22 ,, |
| Admission arranged for open-air school | 4 ,, |

**Clinic Nurses.**

The scope of work of the clinic nurse remains much the same as in former years. Dispensations allowing five nurses to assist health visitors with district work were granted by the Ministry of Health.

*Clinic Nurses' Clinic Sessions.*

| | |
|---|---|
| Infant Welfare | 70 |
| Ante- and Post-natal | 46 |
| Chest Clinic | 87 |
| Family Planning | 20 |
| TOTAL | 223 |

| | |
|---|---|
| Minor Ailments Clinic | 1,717 |
| School Medical Clinic (Routine) | 684 |
| Specialist Clinics | 644 |

**Hygiene Attendants.**

Valuable work has been done and much time of both health visitors and clinic nurses has been saved by hygiene attendants in clinics and schools and in preparation of equipment for Diphtheria Immunisation.

In order to bring our methods of sterilisation of syringes and needles to the highest possible level of efficiency, individual syringes and needles are now sterilised separately for every child immunised on the district. All equipment is prepared for sterilisation by hygiene attendants. Actual sterilisation is by autoclave.

The hygiene attendant has also been used from time to time for relief work in Dental Clinics, and in times of emergency, assisting a sick mother by bathing a young baby, or by bringing children for treatment to an appropriate centre.

Cleansing of verminous female persons and children at home or at a Centre, and the treatment of persons suffering from scabies also forms part of their work. Owing to the general decline in the incidence of scabies treatment sessions were limited to two per week. The combined number of patients and contacts treated were, however, higher than in 1950.

| | 1951. | 1950. |
|---|---|---|
| Sessions preparing needles and syringes ... ... ... | 515 | 417 |
| Clinic sessions attended ... ... ... ... ... ... | 2,305 | 2,182 |
| Visits to schools ... ... ... ... ... ... ... ... | 190 | 241 |
| ,, ,, homes ... ... ... ... ... ... ... ... | 188 | 180 |
| Scabies— | | |
| Individuals treated at Ladywell ... ... ... ... Old—42. New—236. | 278 | 117 |
| Individuals treated at home... ... ... ... ... | 7 | 20 |

## CARE OF THE AGED AND INFIRM.

The care of the aged and chronic sick in Salford is made considerably easier by the good co-ordination and unity of purpose which exists, not only between the various sections of the Health Department, but with outside agencies as well. We are in almost daily communication with the members of the Civic Welfare Department (who supervise " The Homestead," a home for old people), Blind Welfare, National Assistance Board, hospitals and voluntary agencies and have learned to rely on each other's judgment in order to avoid overlapping of efforts.

*A monthly panel meeting* is held to which groups of workers for the aged are invited to discuss problems and plan future schemes.

*Services of value to the old folk and administered, in the main, by the Health Department include :—*

1. Special Health Visitor.
2. Home Help Service.
3. Home Nursing Service.
4. Provision of Nursing Appliances.
5. Chiropody treatment.
6. Laundry Service for the incontinent.
7. Meals on wheels.
8. Sanitary Inspector.

1. *The Special Health Visitor* is engaged full-time on this work, with the exception of one session per week which is devoted to general health visiting. Her duties cover :—

(*a*) *Maintaining a register* of all elderly persons notified to the Department and the keeping of records of all cases visited. Weekly death returns from the Registrar are checked to keep the register up to date.

(*b*) *Home Visiting*. New cases are visited as soon as possible after notification.

Subsequent visiting of straightforward cases. More frequent visiting and careful supervision of problem cases.

(*c*) *Contacting other agencies*. National, Local Authority or Voluntary Organisations concerned with the welfare of the aged.

(*d*) *Acting in advisory capacity* to health visitors on any problems concerned with the aged.

*Notifications of elderly persons in need of care* come from various sources—Hospitals, Civic Welfare Department, Sanitary Inspectors, Health Visitors, Home Help Organiser, Medical Practitioners, Ministers of Religion, Voluntary Organisations, neighbours, friends, relatives, councillors and self-notification.

All cases referred prior to admission to hospital are visited as early as possible, and the services of the Health Department offered.

The homes of patients due for discharge from hospital are visited beforehand if notification of impending discharge is made in time. Home circumstances are investigated and suitable arrangements made for the reception, care, and, if necessary, nursing of the patient. This may include :—

(*a*) Contacting relatives and encouraging them to help ;
(*b*) arranging for the provision of nursing appliances, bedding, etc. ;
(*c*) arranging for the services of Home Nurse and/or Home Help ;
(*d*) giving advice as to other available social services ;
(*e*) interpreting doctors' instructions to relatives and advising on nursing care.

The first visit to notified cases is paid in all instances by the Special Health Visitor, though when the problem has been solved it is often possible to hand the case over to the district health visitor.

For the first half of the year work on behalf of the Aged and Infirm was carried out in a part-time capacity by the worker caring for the Unmarried Mother and her Child. In June a special health visitor was appointed, who, with the exception of one session per week devoted to general health visiting, was engaged full time in caring for the needs of the elderly. Part-time assistance was also given by a clinic nurse.

At the end of 1950 there were 790 cases on the register, 568 new cases were added during 1951, cases were referred mainly for :—

(*a*) investigation of home conditions of patients waiting for admission to or discharge from hospital ;
(*b*) follow-up after discharge from hospital ;
(*c*) advice because of disabilities—deafness, rheumatism, diabetes, etc. ;
(*d*) help because alone and neglected ;
(*e*) investigation of household and sanitary defects ;
(*f*) assistance in obtaining domestic help, nursing equipment, surgical appliances, chiropody treatment, incontinent laundry service, etc.

The number of patients notified as awaiting admission to Hope Hospital during the year was 384, of these :—

| | |
|---|---|
| 154 | were visited at home. |
| 79 | were already known and had been visited. |
| 104 | were admitted without delay and were not visited. |
| 23 | died whilst awaiting admission. |
| 10 | refused to be admitted or recovered. |
| 13 | were transferred to other hospitals. |
| 1 | was carried forward to 1952 for visiting. |
| TOTAL ... 384 | |

Information regarding home circumstances was in all cases given to the Medical Registrar in order that housing and other social conditions might be taken into consideration when assessing the need for admission. This system, which worked very satisfactorily, was discontinued towards the end of the year, when a geriatric consultant was appointed to Hope and Ladywell Hospitals.

The main purpose of our work is to keep the old folk healthy, active and interested ; to make them feel they are needed in the community ; to see that they are aware of the help available to them when they are in difficulties, and when ill-health overtakes them to put them in touch with the essential medical and nursing services which are at their disposal.

It is sad to see the indifference shown by many relatives and neighbours towards the elderly. Every effort is made by the health visitor to induce relatives to play their part, and to see that nothing is done which would encourage the family to shirk its responsibilities to the old folk.

It has been encouraging to find that the health visitor is welcomed and often at one visit is directed to another sick or lonely neighbour or friend.

The elderly person living alone in a state of dirt and neglect is the most difficult problem. Such people are usually suspicious and wary of accepting help in any form, and it is impossible in many cases to make much alteration in the squalor and degradation of their lives.

Problems of the elderly sick needing hospitalisation are quickly solved by their admission to hospital. Problems of the able-bodied elderly in need of a home are comparatively easily solved by provision made by the Civic Welfare Department.

One problem of our ageing population, however, is still without a solution, i.e., that of the elderly person not ill in the sense that he needs a hospital bed, yet not sufficiently able-bodied to qualify for help from the Civic Welfare Department.

Feeding, bathing and the management of elimination—fundamental problems in the care of the sick of any age—are basic problems of the elderly who have reached that half-way stage between full activity and complete dependence. There is a great need for the setting up of " half-way houses " to accommodate this type of case, and for a type of home visitor able to undertake that personal service outside the scope of the home help, but not needing the skilled attention of the home nurse.

With the steady increase in notifications of persons needing care, some difficulty has been experienced in meeting primary needs, and subsequent follow-up work has been quite inadequate. With the increase in notification comes a corresponding increase in the amount of clerical and social work involved. A proportionate increase in staff for this work is essential if needs are to be met.

This type of work is such that only workers with a true vocational spirit and desire to help their fellow creatures find in it any appeal. That this spirit does exist was illustrated in the case of Mrs. X, discharged unexpectedly from hospital to a house uninhabited for four months. The health visitor called at the house as the patient arrived, and it was she who went down on her knees to coax a fire into the empty grate, who went out to buy food, and from her own pocket bought a hot water bottle to air the patient's bed, returned and prepared food and a bed for this lonely and, at the time, friendless woman.

Or the case of Mrs. T., another lonely, derelict and dirty old woman without relatives or friends and no longer acceptable to her neighbours, with whom the health visitor spent eight hours on her Saturday afternoon off duty and finally accompanied to hospital where the patient died shortly afterwards.

Malnutrition exists among the old folk to a greater degree than one would imagine. Any demands made upon their limited income must be made at the expense of food, as rent, lighting and fuel must be paid for. Rationing difficulties, lack of skill and sometimes a reluctance to make the necessary effort to cook proper meals are contributory factors which constitute a real problem.

Certain religious organisations outside Salford gave gifts of fruit, eggs, and other articles of food given after a Harvest Festival Service, and these were distributed by the health visitor caring for the aged, to needy old folks in Salford.

At the end of the year, 1,008 elderly persons remained on the visiting list.

Much time and effort is spent in assessing needs, explaining the services which can be obtained, and in overcoming resentment and the prejudice of these elderly persons against what they may consider to be " charity." Many old people have been persuaded and encouraged to accept help for which they would not have applied themselves.

Application for help from social agencies may be made by the Special Health Visitor on an aged person's behalf, or he is assisted, where appropriate , to make his own application.

The elderly person living as part of the family with relatives willing to care for him does not form a problem. The person living alone, with no family, or whose relatives are too far away or too indifferent to care for him, is most in need of the services provided.

It is sometimes necessary for the Special Health Visitor to call in a doctor if there is no responsible person available to send for medical aid when required.

2. *Home Help Service.* The policy of the Home Help Service is preventive. The available home help hours are thinly spread to cover as many cases as possible in order to avoid making the old folk too dependent and to keep an eye on as many as possible, thus averting problems and crises.

3. *Home Nursing Service.* Arrangements for this service are usually made by the hospital authorities or by the medical practitioner concerned.

4. *Provision of Nursing Appliances.* These can be obtained from the Home Nursing Service or direct from the Health Department.

5. *Chiropody treatment* is available at the Hope Hospital chiropody clinic.

6. *Laundry Service for the incontinent.* This is a regular service, though not widely used. Arrangements are made for the collection, laundering at hospital and delivery of foul linen from bedridden incontinent cases for a charge of 4s. 6d. a week. Where a person is in receipt of a supplementary pension this cost is met by the National Assistance Board. Offers of this service have several times been refused on account of the charge or their insufficiency of bedding strong enough to stand frequent hospital launderings.

7. *Meals on wheels.* Thirty-six of our old folk take advantage of this excellent service.

8. *Sanitary Inspectors* are called in to visit where there are sanitary defects or nuisances, lack of stair handrails, extreme dirt and neglect, and deal with disinfestation of verminous persons and premises.

## HOME NURSING SERVICE.

The year has seen a steady increase in the work of the Home Nursing Service. A total of 2,479 patients were nursed in their own homes, an increase of 241 over the figure for 1950. The number of visits paid by the members of the service show a substantial increase—38,233 as compared with 35,568 in 1950, an increase of 2,665. As there has not been a corresponding increase of staff (the number of trained staff being actually less than in 1950) this has meant a considerable amount of hard work carried out in all weathers.

A very large proportion of cases (1,847) were referred by General Practitioners in the City. Other cases were referred from the various hospitals in Salford and Manchester, and from this Department.

A feature of the work now carried out by the Home Nurses is the number of conditions treated by intramuscular injection, e.g., 475 patients received a course of penicillin ; 66 tuberculous patients were treated with streptomycin ; 87 new patients suffering from diabetes received injections of insulin daily, or were taught how to give their own treatment. Two hundred and twenty-one patients were given courses of other drugs.

The number of patients who were prepared for X-ray examination has been more than doubled—235 as compared with 107 in 1950.

Included in the staff are two untrained members, who, for want of a better term, are called auxiliary nurses. These are very useful in carrying out certain duties which do not require a trained nurse, such as bed-bathing. These auxiliaries work under the supervision of the trained staff.

**Training.**

Only four Queen's Nurse Candidates entered for training during the year.

Three candidates were successful in passing the examination for the Queen's Roll.

Four candidates were still in training at the end of the year.

**Loans.**

A certain amount of equipment is kept at the Nurses' Home to be loaned to patients who require them. Included in the equipment are three " Dunlopillo " mattresses which have proved very useful for helpless, incontinent patients. The articles are loaned free of charge and in most cases are returned as soon as the need for them has passed. But in some cases, great difficulty is experienced in getting equipment returned, and people have been known to keep articles for as long as six months.

## ALMONER'S REPORT.

The work delegated to the Almoner's Department is as follows :—

(*a*) The administration of the Home Help Scheme (Section 29 of the National Health Service Act, 1946).

(*b*) The follow-up of women suffering from Venereal Diseases (Section 28 of the National Health Service Act, 1946) and contact tracing.

(*c*) Care and after-care of persons suffering from Tuberculosis (Section 28 of the National Health Service Act, 1946).

(*d*) The arrangement of convalescence (Section 28 of the National Health Service Act, 1946).

(*e*) Co-operation with the Maternity and Child Welfare and School Health Services in helping and advising families on social matters.

(*f*) Co-operation with various statutory authorities and voluntary organisations.

(*g*) Administration of the Domiciliary Laundry Service for incontinent aged.

(*h*) The arrangement of Co-ordination Conferences and compiling of family records in respect of children neglected in their own homes.

### Home Help Service.

This service, which has grown so rapidly, now demands most of the time of the department. At the end of 1951, six full-time and 124 part-time home helps were employed. The six full-time helps are necessary to deal with booked maternity cases and in times of stress this number is augmented by several part-time workers who are glad, occasionally, to undertake a confinement case.

The Salford Service has from the outset been staffed largely by part-time helps and at a recent Conference on the Home Help Service it was observed that this practice has become more and more used throughout the country.

The part-time help is paid only for actual hours worked on a case, thus avoiding the inevitable wasted hours which must occur when employing full-time help on a guaranteed weekly wage. Experience has shown that the part-time system is more economical both in energy and money. At the end of 1951 some 2,700 hours weekly were being worked. It is usual for a help to work full-time on a confinement case, and where a mother of young children is sick.

The service to the aged and chronic sick averages 10 hours per week. This enables each part-timer to have two households in her care. Bearing in mind the fact that most of the part-time helps are married women with homes and families of their own to care for, it is felt that few of them are able to deal with more than two or three other households each week. Overloading a help with work results in her falling sick and her cases having to be left without assistance.

Throughout 1951 there has been a waiting list of applicants for the service, reduced somewhat during the summer months, rising to 50 cases at the end of the year.

At least 80% of the total work done by the Home Helps is service to the aged. The demand for this increases week by week and with an ageing population is likely to continue to do so for some years to come. The Home Helps make a very considerable contribution to those services for the aged whose object is to keep old folk well and happy in their own home. Without the service, many of the aged would have required admission to hospitals or institutions, or if left at home would have been the subject of one of the heart-breaking press reports which from time to time describe some lonely old person being found dead. At least 24 of the cases assisted during 1951 would, without this service, have degenerated into the problem hermit type of old person whose physical and mental world has been reduced to a very small circle and who is sometimes found living in squalor and filth. These are particularly disheartening cases and the fortitude of the helps who care for them is beyond praise.

Many stories can be told of unpaid service and acts of kindness given by the helps. One very old lady living alone had been given pills by her doctor to be taken " two at bed-time." She probably was unaware that the pills were to help her sleep so she took four !—she slept until 11 a.m. the next day, by which time she had become incontinent. The help thereupon decided that she would keep the pills at her own home and now goes back each night (about one mile), gives the old lady a dose of pills and puts her to bed. Another help, after doing her morning's work took home her old lady's curtains, washed and ironed them and returned the same evening to re-hang them.

Often a kindness involving very little effort brings much joy into a weary life, e.g., a birthday card, a Christmas card, a little present brought back from holiday, a jaunt to the market or round the park in a bath-chair, a visit from the home help's children—these and many other thoughtful gestures

help to keep old folk in contact with everyday life. They express the attitude of a good daughter to her elderly parents and give to lonely forlorn men and women a feeling of " belonging to someone."

The number of confinement cases assisted shows a slight reduction. Many families find it difficult to pay the charges and withdraw their applications when informed of the cost. This inability or reluctance to pay also prevents the service being used by one section of the public for whom it was primarily designed, i.e., families with young children where the mother is ill and where rest is essential for her recovery. Adequate help given promptly to these families would surely be " prevention of illness " at its best. Nevertheless, in several such cases, which are always given priority, help was made available but was declined on account of the cost.

The following analysis shows the reasons for which Home Help was supplied to households during 1951 :—

| | |
|---|---|
| *Infirmity due to old age | 151 |
| Bronchitis and Asthma | 8 |
| Blind or partially blind | 27 |
| Rheumatism and Arthritis | 55 |
| Heart affections | 68 |
| Cerebral Hæmorrhage | 23 |
| Skin, Varicose Ulcers, etc. | 9 |
| Diabetes | 7 |
| Cancer | 28 |
| Fractures | 6 |
| High Blood Pressure | 7 |
| Spinal affections | 5 |
| Pulmonary Tuberculosis | 7 |
| Muscular Paralysis | 5 |
| Jaundice | 2 |
| Post-operation | 8 |
| Burns | 2 |
| Pre-natal | 8 |
| Maternity cases | 89 |
| Post-natal | 5 |
| Sick mothers with young children | 36 |
| Neurotic | 2 |

* Many patients included in other items are aged.

In addition to keeping many aged people out of hospital, the service has enabled others to be discharged and cared for at home. It has also made it possible for a considerable number of unmarried sons or daughters many of whom are themselves middle-aged, to carry on with their employment. It is felt that this is a real contribution to the common good. In some of these cases, more particularly in the case of daughters, it would probably be difficult to regain a job which had been given up in order to care for an aged parent. In other cases, e.g., where the daughter was a school teacher the benefit was even more far-reaching.

**Laundry Service.**

The laundry service for incontinent, aged people commenced in November, 1950. The laundering is done by the Hospital Management Committee Laundry and the cost re-charged to the Health Committee. A twice weekly collection and delivery is undertaken by a Health Department service van. A charge of 4s. 6d. is made in every case.

The number of householders availing themselves of this service has remained small chiefly, it is thought, on account of the poverty of bedding in both quantity and quality. As to quantity, three complete changes of sheets, pillow cases and bed wear is the minimum essential to facilitate a bi-weekly collection. As to quality, the frail bedding which might survive many home washings, tends to disintegrate when sent frequently to the laundry.

Whilst the extent of this service might be small, there can be no doubt that it has proved a very great blessing in some cases, as the following instance shows.

Mrs. H., aged 90, bedfast and incontinent for several years, cared for by a daughter, aged over 60, who is Hemiplegic and of poor mentality. Income : old-age pension and National Assistance Board allowance. All the poverties were here, excepting poverty of spirit. Though there existed every qualification for the patient's admission to a hospital or institution, the old lady was determined to remain at home and the daughter was resolved to keep her there and to care for her.

Just as the burden was becoming too great for the daughter, the laundry service was commenced and a home help sent occasionally. In the course of time Mrs. H. died peacefully at home in her own bed and her daughter had the great satisfaction of having done her duty.

Comparing the cost with that of a hospital service which might well have been used in this case, the financial outlay was infinitesimal.

## Venereal Diseases.

All female patients attending the Special Clinic for the first time are interviewed in the Almoner's Department and help and advice on their special problems is given. During the year 415 new patients were registered. Defaulters, discovered by a weekly scrutiny of case cards (daily if on daily treatment) are quickly followed up by letter. In cases where there is urgency or where letters are ineffective patients are visited.

Particular attention is paid in the case of a pregnant woman known to be suffering from Syphilis. Fortunately there is little need of persuasion in most cases. In others, where the mother's mentality is such that she is unable to appreciate the vital need for treatment to safeguard her coming infant, much visiting is necessary. Patience, tact, understanding and most of all, persistence are essential if success is to be achieved. In one case where the mother was approaching the end of her pregnancy, fourteen visits were paid and this woman's child and at least two others owe their freedom from Congenital Syphilis and its attendant miseries to the fact that the visitor refused to be daunted and almost camped on their mothers' doorsteps.

## Convalescence and Recuperation.

The three categories under which convalescence is arranged are as follows :—

(*a*) *Adults.* This includes mothers with young children sent to the Brentwood Recuperation Centre or other suitable Homes and a limited number of adults recommended by hospitals or General Medical Practitioners. The cost in these cases is borne by the Health Committee.

Nine mothers and a total of 24 children went to Brentwood for four weeks during 1951. Four mothers and a total of six children went to Homes other than Brentwood. In a further eight cases the mothers withdrew their applications or failed to go for various reasons.

Eight adults each had two weeks' convalescence.

(*b*) *School children* recommended by the School Health Service and hospitals' medical staff. Financial responsibility for this group is borne by the Education Committee.

One hundred and six children were referred to the Almoner of whom—

| | | | | | |
|---|---|---|---|---|---|
| 63 | were | away | for | 4 | weeks |
| 3 | ,, | ,, | ,, | 5 | ,, |
| 11 | ,, | ,, | ,, | 6 | ,, |
| 12 | ,, | ,, | ,, | 8 | ,, |
| 3 | ,, | ,, | ,, | 9 | ,, |
| 1 | was | ,, | ,, | 10 | ,, |
| 3 | were | ,, | ,, | 12 | ,, |
| 1 | was | ,, | ,, | 16 | ,, |

The remaining nine children failed to go for various reasons the chief being that the child " did not want to go."

(*c*) *Pre-school children.* Six children under school age had periods of convalescence varying from four to eight weeks and the parents of two of these children failed to take advantage of the arrangements made. The cost in this group is borne by the Health Committee.

The Invalid Children's Aid Association has again been most helpful in securing accommodation for cases referred to them and the cost to the Committee concerned has been the bare charge for maintenance made by the Home to which the children were sent.

## Loan of Nursing Equipment.

In order to supplement the main provision of sick room requisites which is administered by the Home Nursing Service, a stock is kept in the Almoner's department and loaned to patients other than those where a district nurse is in attendance.

During 1951, 30 bedpans, 20 air rings and 11 urinals have been loaned. No provision has yet been made for the loan of invalid chairs or spinal carriages, but in several cases the Almoner has been able to arrange for these to be borrowed from voluntary agencies.

## Tuberculosis After-care.

The following interviews took place in the Almoner's Department :—

| | |
|---|---|
| *Re* Food Priorities ... ... ... ... ... ... ... ... ... ... ... | 715 |
| Free Milk Vouchers ... ... ... ... ... ... ... ... ... ... | 219 |
| Certificates for National Assistance Board ... ... ... ... | 86 |
| Miscellaneous ... ... ... ... ... ... ... ... ... ... ... | 12 |

Nine visits were paid to patients' homes and two to patients at Ladywell Hospital.

## General.

The Almoner is in contact with many Voluntary Agencies whose services cover contingencies for which no official provision is made. Grateful acknowledgment is made for much material help and advice given to Salford cases referred to the following organisations :—

Manchester and Salford Council of Social Service.
Catholic Needlework Guild.
Manchester and Salford District Provident Society.
British Red Cross Society.
Cripples' Help Society.
Invalid Children's Aid Association.
W.V.S.
Manchester Cathedral Country Home.
Wood Street Mission.
Salford Poor Children's Holiday Camp.
Salford Children's Welfare Fund.

## Children Neglected in their Own Homes.

The problem of the neglected child is a symptom of a sick society and a sign of a disorder in human relationships with deep psychological and spiritual causes. As in the case of physical sickness and disorder the problem needs skilled social and psychological diagnosis and treatment. The cure will be achieved only when we are able to teach the parents the joy and satisfaction of establishing and maintaining a decent and satisfactory family life.

**The size and importance of the problem.**

Few statistics are available but in 1950 the N.S.P.C.C. had 24,000 families, comprising 60,000 children reported to them : 647 prosecutions were made and included all types of cases. These figures take no account of the many families known to various bodies, e.g., family caseworkers, family service units, children officers, health visitors and teachers, which whilst undoubtedly neglected in various ways, are not reported to the N.S.P.C.C. They are helped along by much patient teaching, coaxing and prodding, rather in the Father O'Flynn manner—

> " *Checking the crazy ones, coaxing onaisy ones,*
> *Lifting the lazy ones on with his stick.*"

It is well, however, to keep the problem in perspective and realise that less than one per cent. of the child population could be regarded as neglected.

The degree of neglect has altered considerably during the last 60 years. Keener social conscience and an ever increasing care for the individual child have ensured that conditions which would have been overlooked and considered normal at the start of the century would now call for an outburst of public indignation.

Preventive medicine has rid this generation of many physical ills, and nothing but intensive preventive social medicine will rid the next generation of the miserable burden of the unhappy neglected child. As Charles Booth said : " It seems time that we should find some means to carry voluntarily on our shoulders the burthen which otherwise we have to carry involuntarily round our necks."

**Diagnosis of causes of neglectful families.**

Social diagnosis is difficult and those attempting it need to possess a considerable measure of self criticism. It is so easy to look at a symptom and call it a cause.

(*a*) *Housing* is a case in point and is often labelled as the " prime cause." Let us question this view. Several families known to us have pressed with the utmost determination for re-housing, blaming their present abode for all their physical and psychological troubles and in their pressure they have been helped by many social agencies. Eventually persistent complaining has won them a house, but they have taken their troubles with them and their children are still neglected. In one street with houses of the same structural appearance we often find one filthy and full of neglected children and another which shines like a palace and where the child care is good.

(*b*) *Poor Health.* On some occasions the poor health of one or both parents really is the prime reason for neglect, but sometimes poor health is made the excuse for many shortcomings. Other parents with as poor or worse health manage to bring up a fine family. In one problem family of long standing the mother had for months been complaining to a male caseworker (though never to the Health Visitor or to the M. and C.W. Medical Officer, who was well known to her) that she had a " lump " on her abdomen. Following a case conference steps were taken to get her to see the Medical Officer who found that she had an Inguinal Hernia. The doctor found the woman looking as well as she had ever seen her. She has since been persuaded to have the necessary operation—but it has not cured *all* her problems !

(*c*) *Laziness.* It is difficult to say whether laziness which is so often found in neglectful parents is really a cause of neglect or a symptom of some deeper physical trouble. One woman who appeared to be the very quintessence of idleness was found to have a necrosis of part of her pituitary gland following hæmorrhage.

(*d*) *Mental Defect.* There is no doubt that many neglectful parents are of poor mentality, but here again other parents of an equally low intelligence quotient will be found to have a spotless house and well cared for children. It has been proved at the Mayflower Home, a fine venture launched by the Salvation Army, that mothers with a low I.Q. can be taught to care for their children.

(*e*) *Poverty.* A low and irregular income is sometimes given as a " prime cause," but all workers know of families similarly placed who do well for their children. Financial poverty might have been among the prime causes in 1931 but not, in Salford, in 1951.

We should be very hesitant about using labels and being satisfied with our diagnosis. The one constant factor observed in these families is spiritual poverty. Morale is low, there is no vision of the distant future and no preparation for even the immediate future. As one Social Worker remarked recently, " they don't even know what they are having for tea." The true neglectful mother has no plans for her family, no dreams of their future health and happiness. There is no unity of purpose in the family, the children find it easy to play one parent off against the other. With a good spirit, and a little help all other poverty can be overcome. Families whose parents think " we have the future to consider " form no problem.

**Preventive Aspects and Methods of Attack.**

The best method of attack is to prevent the potentially neglected child from becoming a real problem. Prevention is cheaper, better, and (more important to a child) happier, than cure. Take the analogy of a motor car. Our difficulty is to keep the " family car " ticking over. If it creaks and groans, is neglected and dirty we must produce a few spare parts—a little oil, and give it a good clean up now and then. If it completely breaks down and goes to be broken up, what cost and trouble would it be to salvage and rebuild ! Rebuilding a family is a hard and expensive job and it is very uncertain whether all the parts can be brought together again and made to function normally.

*Teaching.* Every health visitor on her district can help with this problem. Her knowledge of broken homes and neglectful parents helps her to be vigilant in detecting signs of deterioration in a family and quick to apply the oil, the spare part or the clean up necessary to keep the machine going. Thorough home teaching is still the king pin of our efforts. To the efforts of the health visitor are added the services of many other agencies whose function is to keep the family happy, healthy and intact.

The choice of personnel engaged in this work is of the utmost importance. As the lack of a proper spirit is the one constant factor in neglectful parents, so the " right spirit " must be possessed in full and overflowing measure by those who aspire to help them. They must be persistent and undaunted, and accept with equanimity, the many failures they will encounter.

*Incentives.* Full use should be made of any service—voluntary or statutory —which might stimulate neglectful parents to greater effort. Slightly better (or rather less worse) housing accommodation, a holiday or treat for the children, help and advice *re* decorating rooms, as well as material gifts of clothing or furniture are examples. It is essential, however, that these aids should be used either as a reward for, or a stimulus to, some endeavour made by the parents themselves.

The *family doctor* and the *school teacher* have a large part to play in this crusade, their help must be sought and their interest gained. Their aid is particularly valuable in discovering signs of potential neglect. The school teachers have opportunities of observing early signs of deterioration in the children in their care. Many a school teacher in Salford has been the means of securing prompt help for a family and saving further distress to a child. In some cases the teacher has acted as a " mother substitute " to an unhappy child with most gratifying results.

The formation of *street groups* with natural leaders, is a thing greatly to be desired, where natural leaders with their neighbours would seek to build up a better neighbourhood with more amenities and fewer defects.

There is also the need for an extension of *mothers' clubs* attached to clinics, day nurseries and other organisations where, along with entertainment and enjoyment, mothers would have contact with those able to advise and help them in their difficulties. True, most of the women who would attend such clubs are already " converted," but who knows how widespread is the influence of a convert ?

We might do more in creating an attractive idea of family life among boys and girls in the " *Youth Group.*" If their minds are caught with the beauty and glory of family life they too will act as missionaries for the building of a better community.

Every effort to raise the standard of family life, whether achieved personally or in co-operation with others, raises the general level and will have an effect on our problem.

*Removal of Children.* Experience has shown that a second class home is better than a first class institution. The children of grossly neglectful parents have often been found to suffer much greater harm by being removed from them than by being left to their mercies. Despite neglect and even occasional cruelty it has been observed that these children just long to " go back home."

Formerly the threat that children would be removed from their parents' care, as a punishment, had the effect of securing improved conditions. This is no longer so in certain families. We have known of cases where parents (usually a mother separated from father) were deliberately using all the means in their power to divest themselves of their children and to have them taken off their hands.

It requires a very experienced worker to decide when it is expedient to enforce physical separation. Perhaps the only cases where removal of the children is really justified are : (1) when there is a serious threat of murder ; (2) when there is moral danger or incest ; (3) when the parents have gross mental disease ; and (4) when there is an open case of pulmonary tuberculosis and the patient cannot or will not enter a hospital.

*Legislative changes.* Whilst there appears to be little need for fresh legislation it would often be a great advantage if, when she is given custody of the children, a legally separated wife could be granted possession of the family home. In several families known to us the husband has firmly declined to remove, and the wife and children have been obliged either to remain under the same roof with him or go into lodgings. When she is unable to find other accommodation and remains in the family home the separation order lapses after a few months.

It would also be an advantage if a separated wife could be more sure of her income and could collect it from one source. Could she not be regarded as a widow ? The present method of collecting her separation allowance from the Court is somewhat erratic—it can only be collected if the husband has paid it in ! In some cases the National Assistance Board can, with the consent of both parents, undertake the collection and disbursement of the allowance and where necessary supplement it making only one weekly payment to the woman and saving her much apprehension and distress.

*Case Conference.* The useful circular issued jointly by the Home Office, Ministry of Health and Ministry of Education, directed local authorities to appoint one of their officers to co-ordinate the work of all child care agencies, both official and voluntary. In Salford the task has been given to the Medical Officer of Health.

Since June, 1951, case conferences on families where there are neglected children have been held at fortnightly intervals. The members of the conference are actual field workers whose work brings them into contact with neglectful families. Representatives are invited from every department or organisation interested, for example, health visiting, education welfare, housing, probation, civic welfare, mental health, school health, together with N.S.P.C.C. inspectors, Family Service Unit, Manchester and Salford Council of Social Service, Child Guidance, and where necessary Ministry of Pensions. Representatives also

attend from the Department of Social Science at the Manchester University, this link can be most valuable in making a comprehensive search into this problem. We want their help and they need ours.

A list of families to be discussed is sent to each department or organisation during the week preceding the conference. In order to economise in staff the cases chosen are as far as possible confined to one district at a time. Members collect from their own department all available information from case histories, etc. The information is pooled, opinions are expressed, a real effort is made to see each family steadily and see it whole. Whenever possible a plan of action is agreed upon, sometimes a long term and sometimes a short term policy. Each worker is aware of the general plan and is anxious to play his or her part in its execution. It frequently happens that one department or organisation has dealt with the family for many years and can supply other members of the conference with valuable information. On one occasion a civic welfare worker brought a very comprehensive dossier which his department had compiled over 25 to 30 years on the family under discussion and their forbears. Members of the conference learn from each other. They not only learn details of the case under discussion but become acquainted with each others powers and duties and perhaps more important with each others statutory limitations, for example, where the N.S.P.C.C. are unable to prosecute in this case and have been unwillingly obliged to prosecute in another ; where the housing department cannot deal with a family who appear to have all the requisite qualifications for re-housing ; where the children's department are unable to remove children from their home, though there appears to be every reason why this should be done ; when the Education Committee must prosecute in cases of prolonged and defiant truancy ; when the health visitor has had so heavy a case load that she has been unable to give time to a particular mother's problems.

Often when a policy has been agreed upon certain members of the conference agree to withdraw from a case leaving it for the time being to one officer who appears to be successful with the family. It has been most interesting to observe how one personality is acceptable to a family and has a comprehensive grip on a case, where another fails in this case but succeeds elsewhere.

We have also learned the differing standards of our members, one worker's " appalling " is equivalent to another's " passable " ; one sets great store by cleanliness, another by happiness. All are, however, united in feeling that if at all possible children should be kept at home and in their parents' care. The case conference method of dealing with the problem is in the nature of an experiment, it is not to be expected that with everybody's failures as our work we shall achieve any spectacular success. Any degree of improvement, however small, is hailed with joy and it is an indication of the quality of the workers that whoever has brought about the improvement is warmly congratulated by those whose efforts have formerly proved fruitless. On the whole the experiment is proving worthwhile and at the very minimum it will result in an understanding of the extent of the problem ; that in itself will be one step forward.

Personal, psychological, social and economic factors play their tremendous parts and a feature of hope in this rather gloomy subject is the improvement which general measures will make. Directly, or indirectly, every social improvement has a helpful influence, just as gross rickets and chlorosis died out not so much by direct attack but by raising the general standard of nutrition, education and of life. Despite occasional dullness and discouragement all good public health endeavour will reap its reward.

## HEALTH EDUCATION.

During the year Health Education work progressed as previously with an increasing number of organisations and associations taking advantage of the system of lectures and addresses offered. During the first four months of the year a series of 16-mm. film shows for staff members of the various sections of the Health Department was arranged and fruitful discussions held afterwards. Work was completed on a third film strip produced in the department, this time dealing with the School Health Services. This strip has proved invaluable for screening to parent/teacher groups throughout the City.

An exhibition of the activities of the Public Health and School Health Services was arranged in conjunction with the official opening of Langworthy Centre, and was well received. The various window displays, using local material, as well as that produced by the Central Council for Health Education, were maintained throughout the year in the Health Department windows and in the Gas and Electricity showrooms and the Central Library.

Excellent co-operation was obtained from the local press who published various articles on a variety of health subjects, and additionally the preliminary planning for a Children's Health Club to be organised jointly between the Health Department and the "Salford City Reporter," was instituted. This Club, which has since gone from strength to strength, was planned to commence during the first week of January, 1952.

As previously, talks were given and observation visits were arranged for groups of visitors and students from home and abroad.

The permanent Health Education Officer was away during the whole year on temporary duty with the United Nations World Health Organisation in the Far East ; in his absence the position was filled during the first half of the year by Miss Pauline M. Dixon who resigned on her marriage in July, and later by Mr. A. G. Firth who was appointed temporary Health Education Officer in August, 1951.

## HOME SAFETY COUNCIL.

The Salford Home Safety Council was formed during the year.

In Salford during 1949 there were 24 deaths from home accidents. Apart from these fatalities, the number of accidents in houses, causing sickness and misery, and the number of homes where happiness was turned into sadness, focussed the attention of numerous public spirited citizens on this serious problem.

Further, the figure of absenteeism in factories, shops and offices was apparent ; not only the victims but their near relatives were compelled to sit at home or visit the hospitals, and the number of beds required in the hospitals, due to home accidents, was considerable.

It was realised that a high percentage of accidents were, and are, preventable ; that carelessness and sometimes stupidity was the cause ; that education and propaganda were essential for the prevention of innumerable home accidents.

As a result of a public meeting in May, 1951, invitations were sent to various organisations interested in Social Welfare, to appoint representatives to serve on a Home Safety Council. These organisations included the Council of Social Service, the Parent and Teachers' Associations, the Women's Co-operative Societies, the Salford Handicapped Children's Association and political and religious associations. The response was gratifying, the Home Safety Council came into being, a panel of speakers was formed and the following officers elected :—

| | |
|---|---|
| *Chairman* ... ... ... ... ... ... | A. A. Ashton. |
| *Deputy-Chairman* ... ... ... ... | Mrs. Southern. |
| *Treasurer* ... ... ... ... ... ... | Mr. R. Carter. |

(An official of the Health Department was elected Secretary).

From September onwards, the speakers on the panel addressed various meetings connected with Chapels, Boy Scouts, Parent and Teachers' Associations and religious and political organisations, outlining preventive measures, carrying on a crusade to develop the consciousness of danger in homes and stimulating thought, imagination and action, with a view to reducing home accidents.

## MENTAL HEALTH SERVICE.

### Introduction.

This section of the report deals with the work of the Mental Health Service for the year 1951 and includes information requested by the Ministry of Health in Circular 42/51.

With the completion of the third full year of work of the Mental Health Service since its inception under the Local Health Authority in July, 1948, three features have become apparent and are worthy of special report ; they are :—

(*a*) A gradual process of enlightenment of public opinion towards those suffering from mental illness, is becoming evident. Co-operation and understanding are very slowly but surely taking the place of mistrust and derision.

(*b*) A marked change in the type of mental illness has been observed. The acute maniacal type of patient is seldom met with today, patients on the whole seem to be quieter and more amenable and to have a pronounced desire to get well. It is not too much to hope that the Mental Health Service through its important features for prevention, care and after-care of the mentally sick, can claim some share of the credit for this.

(*c*) At the present time in Salford there are no patients awaiting admission to Mental Hospitals, a position which reflects great credit upon the labours of the Regional Hospital Board to provide and maintain more beds.

It is of special importance in administering an efficient and progressive Mental Health Service that the welfare of the patient takes precedence over all other considerations when deciding upon the course of action to be undertaken. Neither the importuning of parents or guardians nor the pressure of work upon the service must be permitted to affect the ultimate welfare of the patient, and whether the result is Hospitalization or Home Supervision.

it must be in the patients' best interests. The four simple words " can I help you " have signified the attitude adopted by all members of our Mental Health Service with results that have more than justified our observance of this simple but vitally important approach.

**Administration.**

MENTAL HEALTH SUB-COMMITTEE.

The Mental Health Service is responsible to the Mental Health Sub-Committee of 18 members for the operation of the service. The monthly proceedings of the Sub-Committee are subject to confirmation by the Health Committee and the City Council.

The responsibilities undertaken by the Local Health Authority are as follows :—

(*a*) The initial care and removal to hospital of persons who are dealt with under the Lunacy and Mental Treatment Acts.

(*b*) The ascertainment and (where necessary) removal to Institutions of Mental Defectives, and the supervision, guardianship, training and occupation of those living in the community.

(*c*) The preventive care and after-care of all types of patients so far as this is not otherwise provided for.

For the purpose of carrying out these duties the following detailed arrangements were necessary :—

1. The provision of the services of " Duly Authorised Officers " for the purposes of Sections 14, 15, 16 and 20, of the Lunacy Act, 1890.
2. The provision of the services of " Duly Authorised Officers " for the purposes of the appropriate sections of the Mental Treatment Act, 1930.
3. For the following purposes under the Mental Deficiency Act, 1913 :—

   SECTION 30 (*a*). The duty of ascertaining what persons within their area are Defectives subject to be dealt with under the Act.

   SECTION 30 (*b*). The duty of providing suitable supervision for Defectives ascertained in accordance with paragraph (*a*) and, if supervision affords insufficient protection, of taking steps to secure that they are dealt with by being sent to institutions or placed under guardianship.

   SECTION 30 (*c*). The duty of providing suitable training or occupation for Defectives who are under supervision or guardianship.

   SECTION 30 (*d*). The duty of making provision for guardianship by Orders under the Act.

**Premises and Staff.**

The Medical Officer of Health is responsible for the administration of the Service whose offices are situated in the Health Department, 143, Regent Road, Salford, 5.

The Mental Health Service Staff now comprises :—

One Psychiatric Social Worker (female).
One Senior Mental Health Officer (male).
One Duly Authorised Officer and Mental Welfare Visitor (male).
One Duly Authorised Officer and Mental Welfare Visitor (female).
One Mental Health Visitor (female).
One Shorthand-typist (female).
Two Supervisors of Occupation Centres (female).
Four Assistant Supervisors of Occupation Centres (female).
Two part-time Domestic Assistants (one male, one female).

There are no duties delegated to Voluntary Associations.

Members of the Mental Health Service are actively encouraged to attend courses of instruction held from time to time by such bodies as the National Association for Mental Health.

**Authority for work undertaken in the Community.**

The Authority for the work undertaken in the Community is to be found under Section 28 of the National Health Service Act, 1946, under the Lunacy and Mental Treatment Acts of 1890-1930 and under the Mental Deficiency Acts and Regulations of 1913-1948.

The duties arising from the care and supervision of these patients may be summarised as follows :—

1. The tabulating and recording of patients already known to the Department.
2. Domiciliary Services, i.e., the ascertainment of cases of mental illness and mental deficiency.
3. The statutory supervision, training and occupation of defectives in the community, those on licence from institutions, or under Orders of guardianship.
4. The obtaining of detention and reception orders under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts and Regulations, 1913-1948.
5. The conveying of patients suffering from mental illness, or mental deficiency, to hospitals or certified institutions.
6. The maintenance of a home supervision service for those patients who, by the co-ordination of the doctor, relatives and the Department, can be cared for at home and thus prevent, wherever possible, admission to hospital.
7. Provision of an after-care service for patients who have been in hospital for mental illness.
8. The maintenance of a service outside ordinary office hours in order to deal with cases requiring urgent attention.
9. The obtaining of statistical ascertainment and neurological reports of patients admitted to hospitals or institutions.
10. The submission of reports on patients granted leave of absence on trial from hospitals, prior to probable discharge.

11. The submission of reports on home conditions and prospects of employment relating to patients who are due to appear before the respective hospitals committees with a view to being discharged.
12. The submission of reports regarding patients from certified institutions who are allowed absence on licence for the purpose of taking up employment, or for those granted short holiday licence.
13. The submission of statutory and periodic reports.
14. The submission of statutory reports on those patients residing in the community or under Orders of guardianship.

Section 28 of the National Health Service Act gives the Local Authority the power to create a prevention, care and after-care service for patients, who are or have suffered from mental illness.

### Mental Illness and Mental Deficiency.

At the end of the year 1951, we had 2,712 patients on our register, of whom 1,564 came under the heading of Mental Illness and 1,148 under Mental Deficiency.

The appropriate statistics are :—

| Mental Illness. | *Males.* | *Females.* |
|---|---|---|
| In Mental Hospitals | 394 | 423 |
| Under preventive care and after-care | 163 | 174 |
| Those for whom the Health Authority may be called upon to take action under the Lunacy Act | 198 | 212 |
| Total | 1,564 | |

| Mental Deficiency. | *Males.* | *Females.* |
|---|---|---|
| In Mental Defective Hospitals | 177 | 143 |
| Under Statutory Supervision | 172 | 139 |
| Under Voluntary Supervision | 168 | 158 |
| Attending Occupation Centres | 34 | 32 |
| Under Orders of Guardianship | 2 | 1 |
| On Licence | 14 | 22 |
| Cases not on register but for whom the Authority may become responsible | 47 | 39 |
| Total | 1,148 | |

### Admission to Mental Defective Hospitals.

During the year three males and six females were admitted to suitable hospitals. This number being similar to the year 1949.

### Admission to Mental Hospitals during the year 1951.

| | *Males.* | *Females.* | *Total.* |
|---|---|---|---|
| Cases reported during the year | 247 | 226 | 473 |
| Admitted | 165 | 121 | 286 |
| Age groups of those admitted— | | | |
| Under 20 years | — | 1 | 1 |
| 21 to 30 ,, | 30 | 22 | 52 |
| 31 ,, 40 ,, | 42 | 27 | 69 |
| 41 ,, 50 ,, | 38 | 22 | 60 |
| 51 ,, 60 ,, | 33 | 24 | 57 |
| 61 ,, 70 ,, | 15 | 20 | 35 |
| Over 70 years | 7 | 6 | 13 |
| Grand Total | | | 286 |

| | *Males.* | *Females.* |
|---|---|---|
| Found capable of remaining in their own homes under supervision and treatment from the Doctor or Psychiatrist | 82 | 105 |
| TOTAL | | 187 |

Civil state :—

| | |
|---|---|
| Married | 151 |
| Single | 79 |
| Widowed | 56 |
| TOTAL | 286 |

Occupational classification :—

| | *Males.* | *Females.* |
|---|---|---|
| Skilled and black-coated | 16 | 7 |
| Semi-skilled | 52 | 10 |
| Unskilled | 79 | 13 |
| Housewives | — | 81 |
| Retired or no occupation | 18 | 10 |
| TOTAL | 286 | |

**Discharged from Mental Hospitals during the year 1951.**

Length of stay :—

| | *Males.* | *Females.* |
|---|---|---|
| Up to 2 months | 34 | 23 |
| From 2 to 6 months | 18 | 17 |
| „ 6 „ 12 months | 11 | 13 |
| Over 12 months | 4 | 7 |
| TOTAL | 127 | |

Classified :—

| | *Recovered.* | | *Relieved.* | | *Not improved.* | |
|---|---|---|---|---|---|---|
| | *Males.* | *Females.* | *Males.* | *Females.* | *Males.* | *Females.* |
| Voluntary patients | 5 | 4 | 13 | 11 | 12 | 10 |
| Temporary „ | 1 | 1 | — | — | — | — |
| Observation „ | 4 | 3 | 14 | 9 | 2 | — |
| Certified „ | 11 | 14 | 5 | 7 | — | 1 |
| TOTALS | 21 | 22 | 32 | 27 | 14 | 11 |

GRAND TOTAL ... 127

**Deaths in Mental Hospitals during the year 1951.**

Length of time in Hospital—

| | *Males.* | *Females.* |
|---|---|---|
| Less than 1 year | 12 | 8 |
| 1 to 2 years | 2 | 1 |
| 2 „ 3 „ | 2 | 2 |
| 3 „ 4 „ | 1 | 1 |
| 4 „ 5 „ | 1 | — |
| 5 „ 6 „ | — | 1 |
| 6 „ 7 „ | — | 1 |
| 8 years and over | 8 | 9 |
| TOTAL | 26 | 23 |
| GRAND TOTAL | 49 | |

It will be noticed that there has been an increase in the number of patients now recorded in the Service. This increase consists of 161 Mental Illness and 23 Mental Deficiency—a total of 184. A small increase in numbers will also be seen in the admissions to both Mental and Mental Defective Hospitals.

Residing in the community out of the total number, are 1,575 patients comprising 361 males, 386 females, under Mental Illness, and 437 males, 391 females, under Mental Deficiency.

I do not look upon the increase as showing a deterioration due to the numbers of those suffering from Mental Illness, but rather to the Department now having established itself and being relied upon more and more to carry out those duties assigned to it. There are many cases which on investigation do not come within our scope, but nevertheless we welcome them because they give proof, should such be necessary, of the standing the Service has created for itself in the City.

Incorporating the whole of our cases I find that during the year we were able to assist 173 in various ways.

Such assistance is classified as shown below :—

| | |
|---|---|
| Assisted toward obtaining employment | 58 |
| ,, in attending Rehabilitation Centres | 17 |
| Exchange of houses | 7 |
| Alternative accommodation | 14 |
| Provision of household effects | 8 |
| ,, ,, clothing | 13 |
| ,, ,, bedding | 11 |
| Settlement of domestic trouble | 16 |
| Increased benefits from the Assistance Boards | 29 |

In addition, arrangements were made for the admission of :—

| | *Men.* | *Women.* |
|---|---|---|
| To Hope Hospital | 2 | 4 |
| ,, Ladywell Hospital | 3 | 6 |
| ,, Homestead | 3 | 8 |
| TOTAL | 26 | |

It is desirable at this juncture to express our appreciation to those in charge of the various hospitals, Homestead, Assistance Board, also those who gave us their support and practical assistance in bringing the above into effect. It gives encouragement in the work, and strengthens the desire to still further widen our field of operations.

An entirely new innovation is in operation at one of the Mental Hospitals within the Manchester Regional Hospitals Board Area. It is the "open door." No matter how the patients are admitted, there operates for them the policy of freedom in the hospital, rest, reading and games rooms, weekend leave, frequent visitation by relatives, who are also invited to social and dance evenings. No iron bars or locked doors. Such a step forward is indeed a wonderful achievement, and I am informed it is a success.

The close liaison between hospitals, the Regional Hospitals Board, etc., is being maintained.

**Voluntary Patients.**

The admission to hospital of those patients who desire to be treated as Voluntary patients continues satisfactory. The various Medical Superintendents are encouraging this, and a remarkable increase is and will be shown in the numbers of those admitted on Orders under the Act, who, after admission, are found suitable for treatment.

**Psychiatric Clinics.**

What a useful service this is becoming! The numbers seen by the Psychiatrists are on the increase and will in time show a great saving in hospitalization, which so often brings about absence from home and employment, and in some cases permanent loss of employment.

As in previous reports I would stress the need of more frequent sessions, the advantage of this cannot be overstressed.

**Therapeutic Social Club.**

The Social Club continues to function and serves a useful purpose in our organisation. There has been a marked improvement in many of our members, and I do not think we can fully estimate the value of having such a Club in our City. Additional games equipment has been purchased, including a complete table-tennis set, which is much appreciated.

During the year the activities and usefulness of the Club were much in evidence, the highlights being the visit to the theatre and the Christmas party.

**Aged Patients.**

I am pleased to report that the problem of the aged patient is now receiving attention. We are finding it much easier to have admitted to suitable hospitals those in need of such treatment, and I am confident that the coming year will bring about a further easing of the situation. One of our small Mental Hospitals will be turned over to this class of patient. Another hospital is showing marked success in having these patients transferred from the Mental Wards to a Geriatric Unit, where, from my personal observations, there is comfort, cleanliness, and a complete understanding on behalf of the Nursing Staff regarding the welfare of those in their charge.

Also I would like to mention that the Civic Welfare Committee are, by their progressive programme, doing much to alleviate the position of the aged patient.

We can see progress, and I consider that within the next few years we shall have overcome those obstacles, which have in the past, and to a degree, still, cause much concern and hinder the better care of the aged.

**Visits, etc.**

During the year the undermentioned visits to homes, reports, etc., have been made, which have proved the importance of the personal contact.

| | |
|---|---|
| Visits to homes ... ... ... ... ... ... ... ... ... ... ... | 3,749 |
| Interviewed at the Office ... ... ... ... ... ... ... ... ... | 896 |
| Reports made ... ... ... ... ... ... ... ... ... ... ... | 1,657 |

## Mental Deficiency.

As previously mentioned in this report, there are 828 Mental Defectives, or those for whom the Committee may become responsible, residing in the community. Included in this number are those patients who up to the present we are unable to locate.

These patients have during the year shown that they are, in the main, capable of mixing with their fellow men and women. I give a table later showing how many are usefully employed or receiving training.

The opening of the Oldfield Centre gave added scope to the Committee for providing training of a useful nature, which is already showing good results. Two of the children attending the Centres have improved so much in their behaviour and are now becoming so adaptable that their names have now been deleted from the list of those who were awaiting admission to a Mental Defective Hospital. There are others whose relatives would be well advised to allow their children to attend.

I shall be pleased to arrange for any parents to visit our Centres should they apply to me, when I feel sure that they will see how important it is that the children, for whom these Centres were opened, should attend.

### Patients on Licence from Mental Defective Hospitals.

We have 35 patients, comprising 14 men and 21 women, on licence, of whom 13 men and 20 women are self-supporting, the other man and woman are physically incapable of following any employment. Taking into consideration their disabilities, the standard of conduct has been good, and those in employment have contributed their portion of usefulness to the community.

During the year seven patients, who have proved themselves capable of leading normal lives, were discharged from their Orders under the Mental Deficiency Act.

### Classified List of Mental Defectives in this City.

| | *Males.* | *Females.* | *Total.* |
|---|---|---|---|
| 1. Self supporting | 190 | 131 | 321 |
| 2. Partially self supporting | 46 | 22 | 68 |
| 3. Employable but out of work | 14 | 8 | 22 |
| 4. Attending Occupation Centres | 34 | 32 | 66 |
| 5. Useful at home | 10 | 66 | 76 |
| 6. Awaiting training for employment | 25 | 22 | 47 |
| 7. Too low grade for employment | 37 | 23 | 60 |
| 8. Below age of 16 years and not counted in above columns | 25 | 17 | 42 |
| TOTAL | 381 | 321 | 702 |

| | 5—10 | | 11—15 | | 16—20 | |
|---|---|---|---|---|---|---|
| | *Boys.* | *Girls.* | *Boys.* | *Girls.* | *Boys.* | *Girls.* |
| Attending Occupation Centres | 12 | 11 | 13 | 14 | 9 | 7 |
| In Hospital | — | — | — | — | 1 | — |
| Cared for at home | — | — | — | — | — | 4 |
| Homebound (physical disability) | 3 | 2 | 2 | 2 | 1 | 1 |
| Employed | — | — | — | 6 | 23 | 12 |
| Attending school | 1 | — | — | — | — | — |
| Not included in any of the above | 8 | 7 | 9 | 6 | 10 | 8 |
| | 24 | 20 | 24 | 28 | 44 | 32 |

TOTAL ... Boys, 92—girls, 80 = 172.

**Cases reported by the Education Committee.**

It was found necessary during 1951 for the Education Committee to notify the Health Committee of 20 boys and 14 girls who were found incapable of receiving education in an ordinary school.

Each of these has now been placed under Statutory Supervision and will receive all assistance or advice the Service can give.

**Occupation Centres.**

There are now 34 boys and 32 girls on the registers of the Centres.

During the year two boys and two girls left to take up suitable employment, thus once more proving the usefulness of the training provided at the Centres.

The daily attendance is well maintained, showing an average of 54.

I am arranging for the annual medical examination of all the children in the near future.

On the 30th November, 1951, a sale of the articles made at the Centres was held, when the sum of £48 18s. 2d. was realised.

The opening of the Adult Centre during the coming year will be most useful for those handicapped children over the age of 16 years, and will in addition place Salford in the forefront with those authorities who are prepared to do all they can for these children.

**Visits of Students.**

During 1951, 37 lectures and talks were given to students from the Manchester University, Health Visitors, and visitors from overseas.

The number of patients requesting admission to hospital is most encouraging, and whilst there is no form of action laid down in the Act for Duly Authorised Officers, it is my desire that they should give advice and assistance to the patient, and where necessary see that provisions are made through the Ambulance Service for their conveyance to hospital. This of course should be done without interfering with the volition of the patient.

## VACCINATION.

The following particulars show the number of persons vaccinated (or re-vaccinated) in Salford during the year 1951 :—

| *Age at Date of Vaccination.* | *Under* 1. | 1. | 2 *to* 4. | 5 *to* 14. | 15 *or over.* | *Total.* |
|---|---|---|---|---|---|---|
| Number vaccinated ... ... ... ... | 1,412 | 41 | 49 | 35 | 82 | 1,619 |
| Number re-vaccinated ... ... ... ... | ... | ... | 1 | 15 | 373 | 389 |
| TOTAL ... ... ... ... ... ... ... | | | | | | 2,008 |

I regret the necessity for pointing out that more than 500 fewer persons were vaccinated in this area during 1951, as compared with 1950. If vaccination were to continue at this rate the percentage of the population vaccinated each year would be roughly only two-thirds of the total as compared with the pre-war rate of approximately 80 per cent.

I am of opinion that much of this change is due to the alteration in the law whereby vaccination is no longer compulsory, but there are other contributory factors. A cross-section of reports by Health Visitors indicates that the main difficulty in the way of securing a higher rate of vaccination is that owing to the fact that they do not normally maintain a supply of lymph, general practitioners are frequently unprepared to undertake the vaccination of a child brought to the surgery by a mother for that purpose. In such cases, the mother is usually asked to call again, an inconvenience to herself which she is often not prepared to undertake. Such a circumstance may follow weeks of persuasive preparation by a Health Visitor. While the waste of time and effort in this build-up is not of supreme importance, the fact that the child, and many other children, remain unvaccinated is material to the vaccinal state of the nation.

Contrasted with the former system whereby the Public Vaccinator would call at the home ready and fully equipped to vaccinate, the present arrangements can only be described as inefficient.

I am sure that the Committee do not need to be reminded that in these days of aerial transport the chances of the introduction of a severe type of smallpox into this country are much less remote than they were before air services became a common-place.

In a well-vaccinated community (*i.e.*, one vaccinated to the extent of at least 75 per cent.) such a happening would be dangerous and would find some victims ; but a poorly vaccinated population would suffer severely. Perhaps the greatest danger of all is that in all probability the proportion of unvaccinated persons in the community will continue to increase and so provide an ample supply of victims unprepared and unprotected against the enemy's surprise attack.

During the year an interesting innovation commenced whereby young children were vaccinated by members of the Child Welfare medical staff at the various clinics throughout the City. The number of the children so vaccinated was 180.

## IMMUNISATION.

During the past year the work of the immunisation section has continued, and the high standard already set in the past has been satisfactorily maintained. The percentage of children immunised under 5 years shows a slight decrease over 1950, but the percentage of the 5-15 year old children, and the average for children of all ages has increased.

Altogether a total of 3,227 children have received a full course of injections against diphtheria, and the following table shows the results of the year's work.

| | 0-5 *years.* | 5-15 *years.* | 0-15 *years.* |
|---|---|---|---|
| No. immunised January-December, 1951 ... ... | 2,977 | 250 | 3,227 |
| Total immunised at December 31st, 1951... ... | 12,847 | 24,513 | 37,360 |
| ,, ,, ,, December 31st, 1950... ... | 13,277 | 23,453 | 36,730 |
| Population figure 1951 ... ... ... ... ... ... | 16,830 | 25,081 | 41,911 |
| Per cent. immunised at December 31st, 1951 ... | 76·3% | 97·7% | 89·1% |
| ,, ,, ,, December 31st, 1950 ... | 79·1% | 95·4% | 88·8% |
| Per cent. Increase ... ... ... ... ... ... ... | ... | 2·4% | 0·4% |
| ,, Decrease ... ... ... ... ... ... ... | 2·8% | ... | ... |

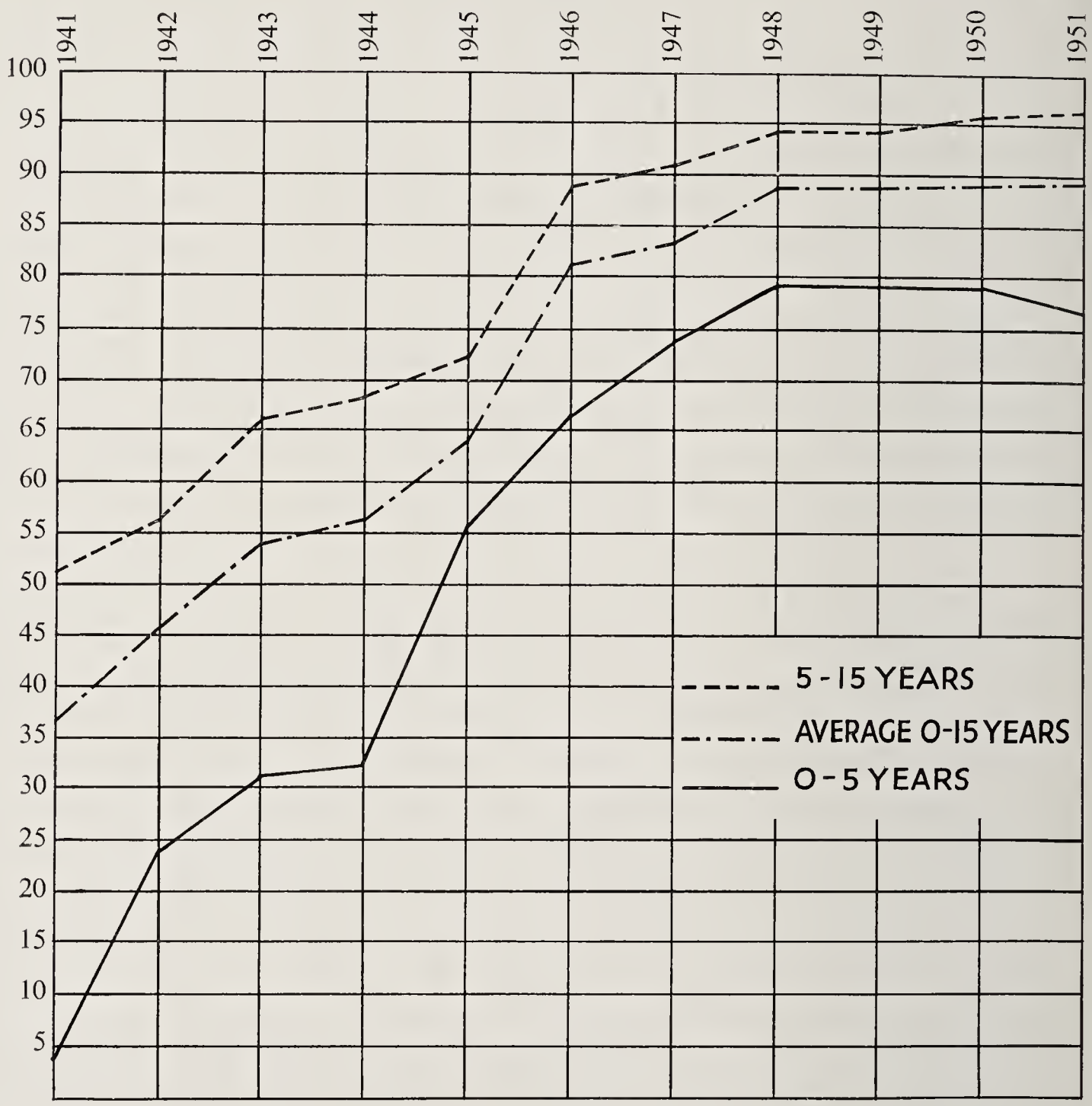
Of the 3,227 children who were immunised during 1951, 1,712 (53·1%) were immunised at one of the nine Child Welfare Centres, 168 (5·2%) were immunised by Health Visitors, on the district, 786 (24·4%) were immunised by Clinic nurses on the district, 222 (6·9%) were immunised in the schools, 336 (10·4%) were immunised by General Practitioners, 2 were immunised in the Day Nursery and 1 child in hospital.

As can be seen by the above percentages, the greater number of children receive their injections at the Child Welfare Centre. This is because every parent in Salford is invited to attend at their nearest Child Welfare Centre as soon as their baby is five months old, in order that immunisation may be commenced. If it is impossible for a parent to attend, a Health Visitor or Clinic Nurse will attend at the home and give the injection there and then. This great experiment of Health Visitors and Clinic Nurses following up each and every individual case where no response is received after two invitations to attend at the Child Welfare Centre, continues with success. A total of 954 children were immunised in their own homes during 1951, and proof of the high standard of sterilisation of the equipment used, plus the skill and technique with which the injections were given, was shown by the fact that no reactions from immunisations carried out in the home were reported. The Health Visitor and Clinic Nurse also help greatly in convincing the parent who at first refuses, that immunisation is the best and only safeguard against this dangerous disease. Some parents become rude and abusive after three or four visits, but in general, the happy relationship continues between parent and " Welfare Nurse." In one case alone where the mother promised to have her baby immunised, but always found an excuse for not having it done there and then, the Clinic Nurse made 20 visits to the home before the immunisation was completed.

It was estimated that 1,092 children (6·5%) of the 0-4 child population were under age for immunisation at the end of the year.

There were no deaths from diphtheria during 1951, and only one confirmed case of diphtheria in the City. The confirmed case was a girl of $10\frac{1}{2}$ years whose mother refused diphtheria immunisation in 1942, and also refused to attend at the Child Welfare Clinic. Diphtheria immunisation was again advised in 1943 but the mother still objected. The girl was removed to Ladywell Hospital by her own doctor on the 14th of March, and was discharged on the 1st of May. Apart from the suffering of the child herself, this is merely one example of a drain upon hospital resources, which could have been so easily avoided by parental co-operation.

The following is a graph showing the progress which has been made in diphtheria immunisation in Salford during the past ten years.




Arrangements are still being made for children to be further protected against diphtheria by receiving a safety injection either on entering school or as soon after as it is possible. During 1951, 1,705 safety injections were given, an increase of 208 over 1950, and it is hoped during the coming year to make an even more intensified campaign in the schools.

The following table gives a summary of injections given from January to December, 1951, for the children between 5-15 years.

| | Safety Injections. | Completed Immunisation. | |
|---|---|---|---|
| | | A.P.T. | T.A.F. |
| Clinics ... ... ... ... ... ... | 20 | 2 | 2 |
| Schools ... ... ... ... ... ... | 1,591 | 182 | 40 |
| General Practitioners ... ... ... | 32 | 17 | ... |
| District ... ... ... ... ... ... | 11 | 6 | 1 |
| TOTAL ... ... | 1,654 | 207 | 43 |

In addition to diphtheria immunisation, 841 children have been immunised against Whooping Cough. As soon as diphtheria immunisation has been completed, parents are requested to attend with their child a month later, so that they may be protected against Whooping Cough. In March, 1951, the Public Health Department and the Department of Child Health, Manchester University, commenced conducting an investigation on the value of Whooping Cough immunisation in infants during the first few months of life. Due to lack of co-operation from parents failing to notify this Department when immunised children had come into contact with Whooping Cough no definite results have as yet been obtained.

## AMBULANCE SERVICE.

The following report has been prepared in collaboration with the Director of the Central Garage who is responsible for the operational control of the Ambulance Service.

The appended particulars apply to the year ended 31st December, 1951.

| | | |
|---|---|---|
| 1. | Number of vehicles in use at 31st December, 1951— | |
| | Ambulances ... ... ... ... ... ... ... | 10 |
| | Sitting case ambulance ... ... ... ... ... | 1 |
| | Sitting case cars ... ... ... ... ... ... | 3 |
| 2. | Total number of patients carried during the year ... ... ... ... ... ... ... ... | 57,498 |
| 3. | Total mileage during the year— | |
| | Ambulances ... ... ... ... ... ... ... | 170,687 |
| | Sitting case cars ... ... ... ... ... ... | 60,028 |
| | TOTAL ... ... ... ... | 230,715 |
| 4. | Number of whole-time staff at 31st December, 1951— | |
| | Assistant ambulance officers ... ... ... | 2 |
| | Drivers/Attendants ... ... ... ... ... | 44 |

This was the first complete year in which the infectious diseases and the general ambulance services were fully integrated, and the whole of the ambulances and cars centralised at Buile Hill, Salford.

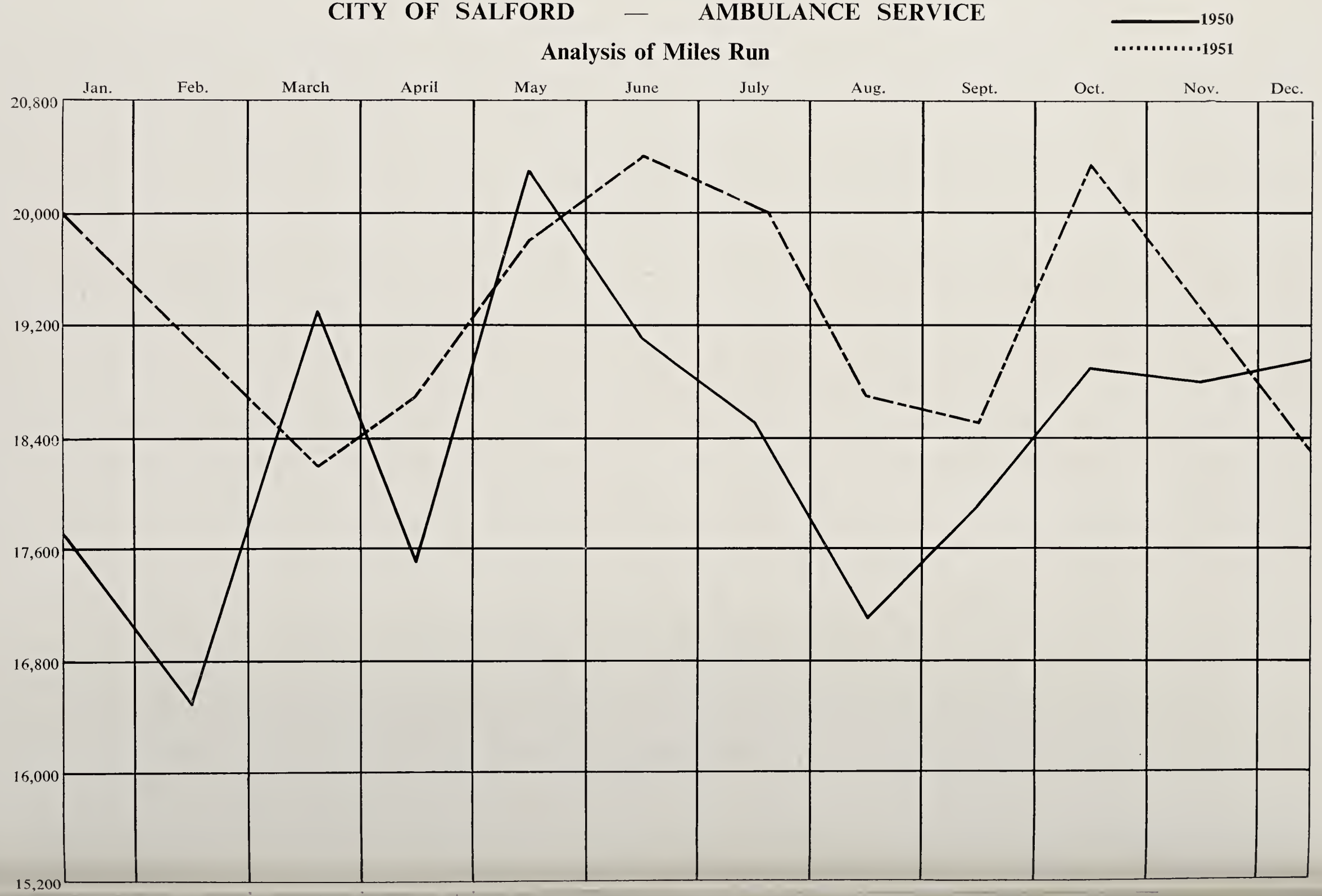
No innovations of importance occurred during the year, but important decisions on certain subjects were taken. For example, it was decided to invite tenders for a new ambulance to be used especially for long distance work, but this decision was not implemented until the following year. Similar circumstances arose in the case of the installation for radio telecommunication.

While it has not been possible to claim that reductions in mileage have occurred it is believed that the organisation and efficiency of the service have greatly improved and that by the end of the year they had reached a high stage of efficiency. It is believed that the experience gained since the 5th July, 1948, and the introduction of the measures agreed upon by the Health and Central Garage Committees, combined with certain other measures which it is intended to introduce in co-operation with the hospital authorities in 1952 and onwards, will help to reduce the mileage and thereby the cost of the service generally.

Appended are graphs analysing the miles run and patients carried together with a diagram analysing the types of patients carried during the year under review and the previous year.

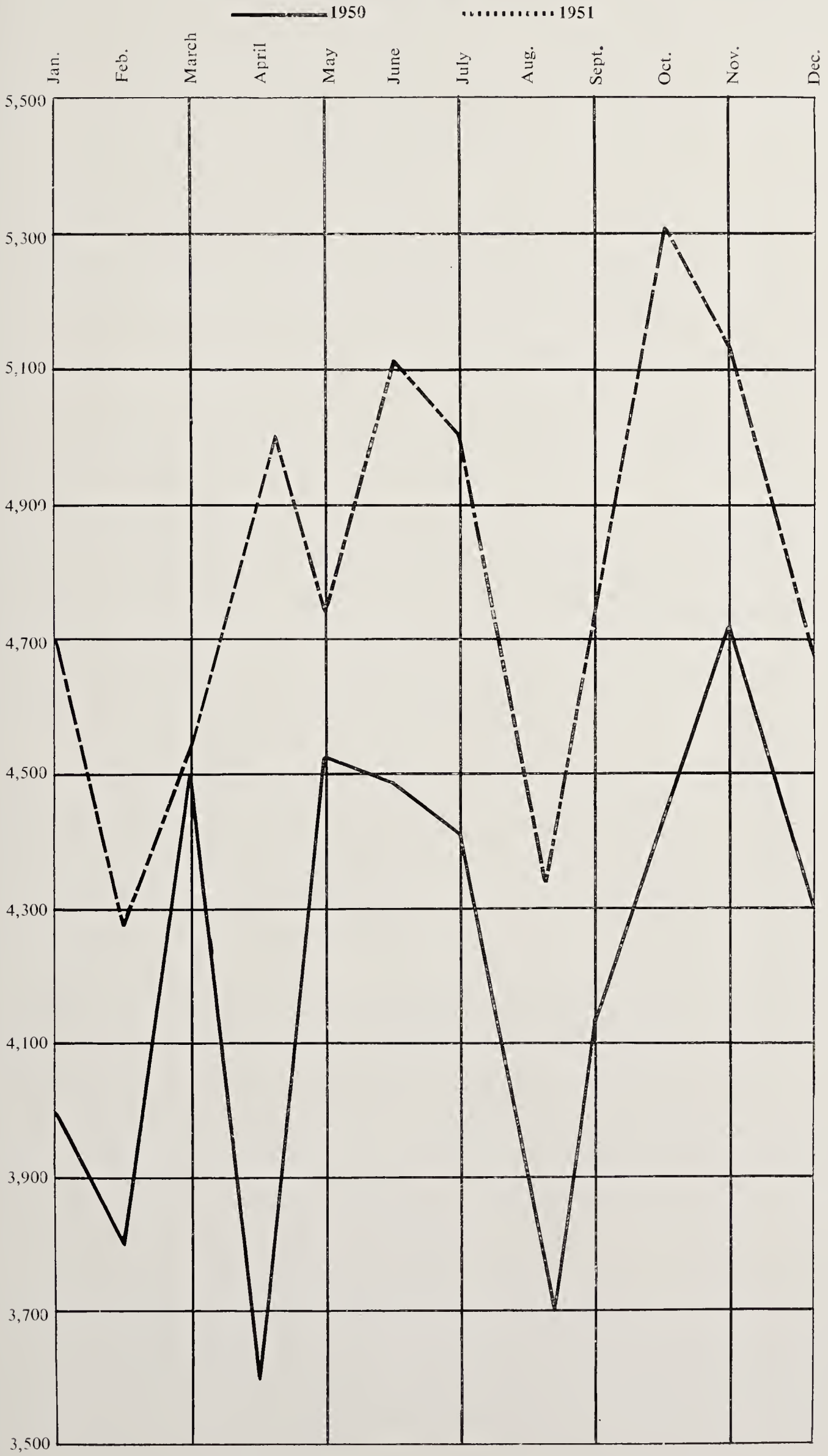
# CITY OF SALFORD — AMBULANCE SERVICE

## Analysis of Miles Run



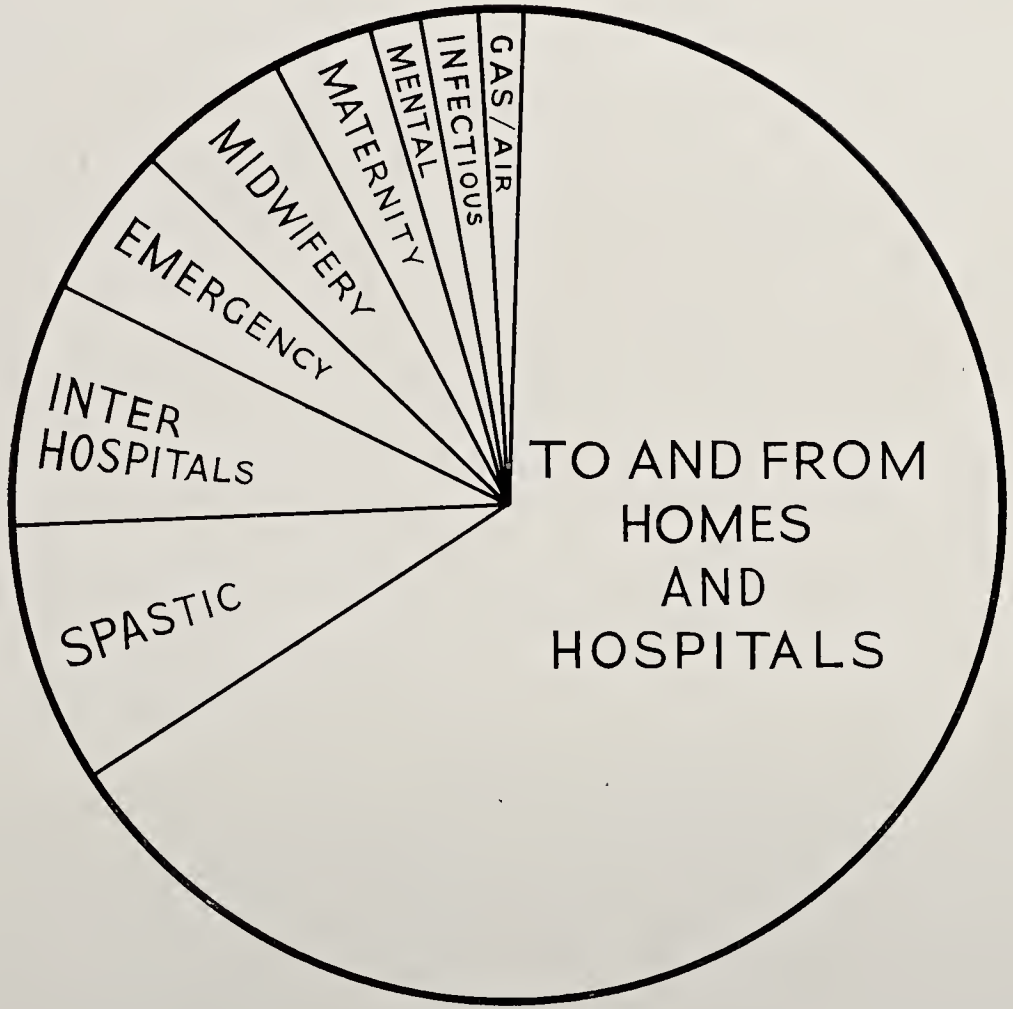
# CITY OF SALFORD — AMBULANCE SERVICE

## Analysis of Patients Carried

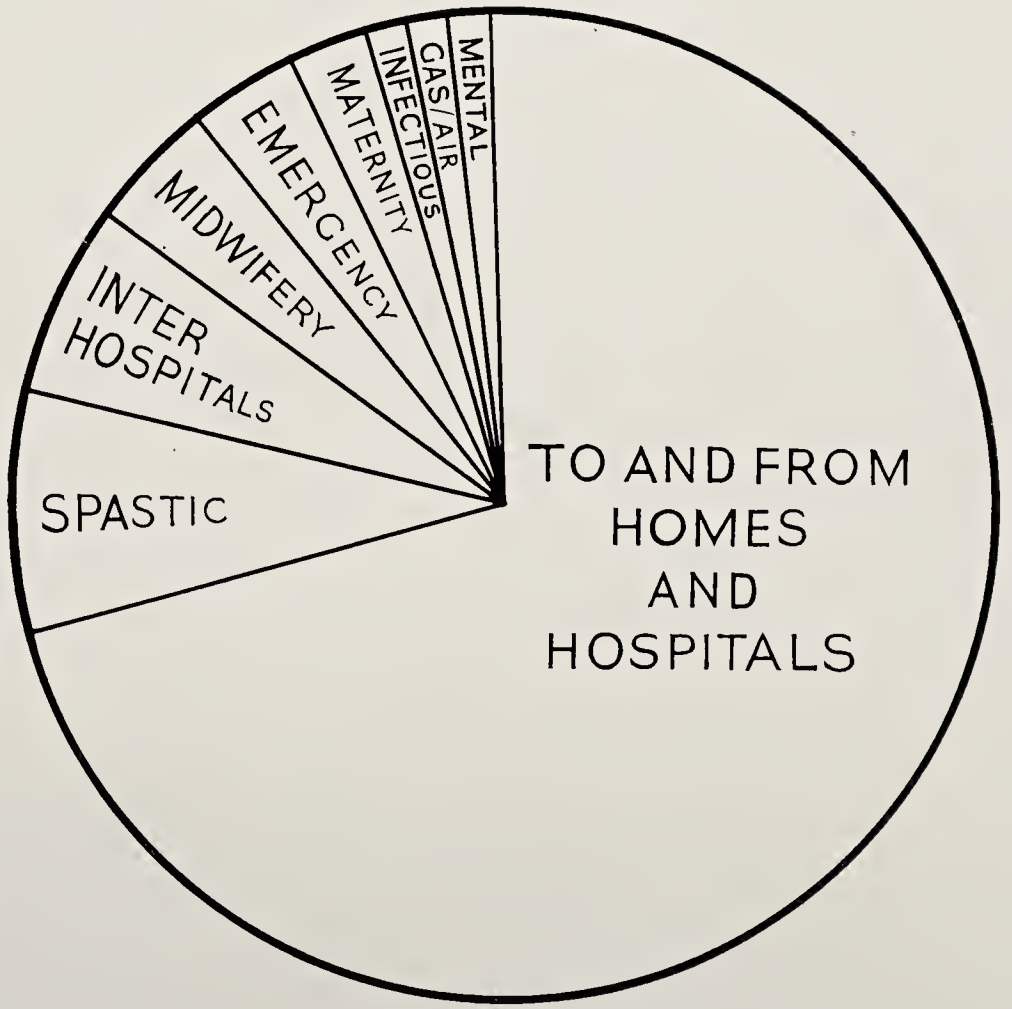


## CITY OF SALFORD — AMBULANCE SERVICE

### Analysis of Patients Carried




1950




1951

# SCHOOL HEALTH SERVICE REPORT.

---

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

> "*If we would rear a strong and virile race of people we require more children and healthier children as the foundation, to protect the child from disease, to build up its physique and provide it, as part of its education, with an understanding and practice of the laws of health.*"
>
> *Sir George Newman.*

I submit a report on the health of the Salford school child during 1951.

As it is not wise to judge the present and plan the future without consideration of the past, I have also compiled a history of the school health service in Salford, as far as records allow. It must be remembered that many historical records and reports in our possession were destroyed during the 1940 blitz ; in writing a history we have had to make bricks with little straw. Nevertheless, the material has been assembled and against this background of the story of the health of the Salford school child we can more clearly see a picture of the health of the child today and tomorrow.

In 1907 the local authority was given power to provide for the regular medical inspection of children in school. The primary object of the school medical service was to fit the child to receive the education provided for it by the state ; its ultimate objective was the health of the nation. Since 1907 the service has grown beyond recognition, but its aims have not altered. We still believe that to build a nation of healthy, happy people we must first aim for *the better care of the individual child.*

We use many methods to find and treat those children who need our special care. A high standard of *nutrition* is an important factor in the maintenance of health. Malnutrition in children is not, as is often thought, always associated with poverty. Various other factors are at work in this modern age—an unbalanced food intake due to ignorance of food values or lack of time of the working mother ; overcrowding of living accommodation ; inadequate rest and sleep ; lack of fresh air. I am happy to report that there has been a definite fall in the number of children classified during school medical inspections as having unsatisfactory nutrition.

The *attendance of parents at routine examination* of the earlier age groups is good, 94 per cent. of all those invited, but the parents' co-operation is not so marked with the older children. Indeed, only 18 per cent. of mothers of school-leavers attend their children's last school medical inspection. Perhaps there is a little too much routine medical inspection, though a system which

allows all children (whether they have excellent or subnormal health) to be examined regularly is of unique value. This must never be forgotten. The health of the Salford school child is improving, but children cannot afford, at the present time, to be without regular medical inspections.

During the year there was no relaxation of our campaign with regard to the control of *head lice infestation*. After many years of attempting its control, both by inspection and improved methods of treatment, we have come upon a hard nucleus of the population who appear to maintain infestation in the community. Persuasion, rather than prosecution, seems to be the best form of approach to this problem.

A more heartening fact is that the annual *scabies survey*, involving the examination of 10,000 children, brought to light not one infested case.

We were fortunate during the year in having the services of the *Mass Miniature Radiography Unit* placed at our disposal again. Many school-leavers and teachers wisely took advantage of this fine precautionary measure.

The better care of the individual child, which we are always striving to bring about, involves the efforts of family doctor, medical officer, school health visitor, medico-social worker, sanitary inspector—indeed all members of the health team, from the home help to the hospital staff, from the cooks, cleaners, caretakers in our clinics to the pædiatrician and pathologist. Particular effort has been made to *co-operate with the family doctor*, with whom we are closely allied in the fight for health, before referring a patient on his list for a consultant's opinion. This opinion, when received, is always sent back to him. Family doctors are regularly circularised with details of the specialists' sessions held on clinic premises, to which they are encouraged to send patients.

We maintain good *liaison with the hospitals*. We invite to our clinics children who otherwise would have to be seen by the already hard-pressed staff of out-patients' departments. Copies of the school medical records of children known to need in-patient treatment are sent to the hospitals concerned. In return we receive details of the child's condition on his discharge, and are enabled to follow-up those who need further observation at home. This is a valuable exchange of information which, however, could be improved by its wider application.

May I take this opportunity of thanking the many consultants who, when approached, have given me the benefit of their advice in respect of individual children. This advice is of great value, especially when decisions have to be made regarding the special educational treatment of the child concerned.

One of the "highlights" of our health education programme has been the inauguration of the *Children's Health Club*, run through the medium of the local paper.

We find that this weekly contact with the children is a useful means of broadcasting simple health education to those who would readily accept it—youngsters between the ages of 5 and 15.

A badge—designed by an amateur artist on the staff of the health department, depicts St. George and the Dragon, and represents the fight against the dragon of disease and ill-health. The motto is " We fight for health."


We have devised the following health rules for our members to follow. They are :—

1. Wash your hands before meals and after using the toilet ;
2. Always keep yourself as clean as possible ;
3. Clean your teeth thoroughly at least once every day ;
4. Use a handkerchief whenever you cough or sneeze ;
5. Have a good night's sleep every night ;
6. Be kind to others and try to greet people with a smile ;
7. Try to prevent accidents on the roads, at school and at home ;
8. Enjoy yourself in work and play.

Under the authorship of " Uncle John," a full programme has been drawn up, which includes articles, competitions and film shows. Jokes and odd facts which children readily assimilate are printed.

Within the scope of the club's health education aims we include emphasis on home safety and try to encourage the children to take such simple precautions as putting away their play things when they have finished with them. We try also to stress the spirit of service by urging children to help their less fortunate schoolmates, particularly the handicapped children for whom we always give a big Christmas party.

In brief, the club sets out to capture the children's imagination and to present the art of healthy living in an attractive light.

Other interesting developments are described later in the report, one of which is the opening of the new *open-air school*, which provides a mark on the credit side of the balance. The debit side, too, has something to show. There is hardly a word in this report on the inadequacy of our school buildings—yet there are many buildings in which it is difficult to teach a healthy way of life. Health Education should be taught not only by precept but by practice.

This report is the work of many hands, although as School Medical Officer, I am responsible for the report as a whole. I am indebted to the following, not only for their accounts of the year's work but, more important, for their contribution throughout the year to the school health service in action :—

| | |
|---|---|
| Dr. D. E. Jeremiah ... ... ... ... | Acting Senior Assistant School Medical Officer. |
| Mrs. F. Cavanagh ... ... ... ... | Consultant Ear, Nose and Throat Specialist. |
| Dr. J. Scully ... ... ... ... ... | Consultant Oculist. |
| Dr. A. J. Gill ... ... ... ... ... | Consultant Skin Specialist. |
| Dr. R. I. Mackay ... ... ... ... | Consultant Pædiatrician. |

| | |
|---|---|
| Mr. Franklin Charlesworth ... ... | Consultant Chiropodist. |
| Miss G. M. Gordon... ... ... ... | Speech Therapist. |
| Miss B. M. Langton... ... ... ... | Superintendent Health Visitor. |
| Miss P. K. Fogg ... ... ... ... | Physiotherapist. |
| Miss B. Chadwick ... ... ... ... | Almoner. |
| Mr. E. Blasberg... ... ... ... ... | Dental Officer. |
| Mr. J. C. Starkey ... ... ... ... | Chief Sanitary Inspector. |
| Miss M. D. Adamson ... ... ... | Psychiatric Social Worker. |

My thanks are specially due to those members of the medical, nursing, and administrative staffs who are not mentioned by name but by whose effective efforts the school health service is better able to help our children.

I am particularly grateful for the ready co-operation of the Director of Education (F. A. J. Rivett, Esq., M.Sc.) and the teaching and administrative staffs of the Education Department, and for the help given by Miss A. Ashworth, Mr. A. Tordoff, Miss A. Sparrow, Mrs. E. Raby, Mrs. G. Plunkett, Miss L. W. P. Bell and Mr. T. Parker in the compilation of the sections of this report which deal with their work.

The teacher is a close colleague in our efforts towards better health for the children. We have a common aim—to develop a sound mind in a sound body. Throughout the year we have worked together in a happy and, I believe, an effective way.

## School Nursing.

### Work in Schools.

The work of nursing staff may be considered under the following headings :—

1. Personal hygiene.
2. Assessment and supervision of general health.
3. Assistance at medical examinations.
4. Health education.
5. Home visiting.

### (1) Personal Hygiene.

Each child attending school has been examined by a health visitor at least once every term with particular reference to cleanliness and head infestation.

The infestation rate for the year—16·21 per cent. is only very slightly lower than that for 1950 which was 17 per cent. Although one would hope for a more marked reduction, it must be remembered that the standard governing the assessment of infestation in Salford is very high, viz., a child found with one nit only once in the year is deemed to be infested. Such a child exercises the same influence on the infestation rate as the child heavily infested with nits and/or vermin every term. As is shown below almost half the children concerned were infested once only during the year. In all these cases the degree of infestation was only slight.

Total number of individual children found to be infested = 4,347, of these :—

| | | |
|---|---|---|
| Children infested once only during the year ... ... | = 2,045 | |
| Children infested twice during the year ... ... ... | = 1,205 | 4,347 |
| Children infested three times or more during the year | = 1,097 | |

*Compulsory Cleansing.* After due warning had been given to the parents concerned, the heads of 189 children were cleansed by a hygiene attendant. Of these, 46 children became re-infested and had to be de-loused every term.

*Nursery Schools.* A more marked reduction took place in the infestation rate among nursery school children—from 23 per cent. in 1950 to 18·85 per cent. in 1951. As most of the mothers in these cases go out to work and come home in the evening when the children are tired and fretful and ready for bed, it is difficult to get them to exercise regular supervision and care of the hair.

In many of the cases of frequent head re-infestation, the childrens' general standard of hygiene is low, bodily cleanliness leaves much to be desired and clothing is often ragged and dirty.

(2) Assessment and Supervision of General Health.

*Rapid Surveys.* This aspect of the work which was described fully in last year's report, has been developed to include the full examination by a health visitor of every child in almost all schools. The assistance given by hygiene attendants in this sphere has been of great value and has saved much of the more highly qualified workers' time.

This comparatively new aspect of school nursing has shown interesting developments but is still only in the experimental stage. The surveys seek to

**Rapid Survey in School**

supervise the health of the children frequently, referring children who need expert diagnosis or treatment to the appropriate clinic. This provides an opportunity for detecting the beginnings of disease, and provides especially the opportunity for the nurse and teacher together to confer on these children who may be suffering from lack of energy, lack of appetite, lack of joy and health. The early symptoms of disease are often vague. They may be observed only by the teacher who sees the child every day, and who has the opportunity of noticing some change in the behaviour, the attitude or the temperament of the child. It is also a very useful screen for serious conditions like discharging ears to be discovered. A few parents do not bother.

It is right that a health visitor should frequently visit the school, not merely as a nit nurse, but as someone who can help in better child welfare.

The findings at rapid surveys vary according to the type of school and area, the most important being the high incidence of unsuitable and/or defective footwear, with its resultant train of minor foot defects. More important are the potentialities for permanent foot disabilities, which may show serious results in adult life.

Footwear provided by the Education Committee is of good quality, and it has been noticed in foot surveys in the " poorer " schools that the children are wearing shoes of a superior kind.

With consolidation and expansion of the medical and educational aspect of this work, rapid surveys may rightly claim the central place in the School Health Visitor's work in the future.

During the year almost 14,000 children were examined by this method. One thousand of these were referred to the assistant medical officer for treatment or observation. The general condition of 25 per cent. of the children referred was unsatisfactory ; 13 per cent. had diseases of the ear, nose and throat ; 9 per cent. had skin disorders ; 5 per cent. had defective vision ; 5 per cent. had otorrhœa ; 5 per cent. had poor posture ; 4 per cent. had some defect of speech ; 3 per cent. needed chiropody treatment. It was interesting to note that 27 per cent. of the children had no handkerchief.

*Infectious Disease.* Nine schools were specially visited during the year with regard to outbreaks of infectious disease, and a total of 223 children examined.

*Vision Testing.* Vision testing was carried out among all eight-year-old children, in addition to those cases where the school teacher or the health visitor suspected defective vision.

*Treatment of Minor Ailments.* The treatment of minor ailments was carried out daily on school premises at six schools including the new Claremont Open-Air School, opened in September. The clinic held at St. Ambrose School was discontinued when the new Langworthy Centre was opened in November. This was in addition to the minor ailments sessions held on clinic premises.

An important feature of child welfare in schools is the " on-the-spot " clinic, actually at the school, which emphasises the idea of " bringing the clinic to the child, rather than the child to the clinic." Obvious advantages are that the child will not have to run the risk of crossing dangerous roads ; and also minor ailments will be able to be dealt with easily and immediately, whereas the child might not be bothered to go to an outside clinic. Another advantage of the school clinic is that there is no wastage of time in travelling.

The story has often been told of the two young boys who after visiting the minor ailments clinic in Regent Road, got lost, played truant from school, and finding a billiards table in the basement of the building started to play. This would not have happened if there had been a clinic at the school.

A mobile clinic has been approved in principle, and it is hoped that before long it will help in this scheme of a clinic on school premises rather than risking what may be a dangerous journey to the clinic, in crossing main roads.

(3) School Medical Inspections.

School medical inspections were attended by health visitors who carried out any necessary preliminary measures and assisted the School Medical Officers carrying out examinations.

Work in Schools (Excluding Treatment of Minor Ailments).

| | Health Visitors. | Clinic Nurses. | Total. |
|---|---|---|---|
| Medical inspection sessions | 684 | 4 | 688 |
| Hygiene inspection sessions | 872 | 15 | 887 |
| Hygiene re-inspection sessions | 259 | 6 | 265 |
| Special visits to schools | 405 | 33 | 438 |
| Special visits to nursery schools | 399 | — | 399 |
| Vision testing sessions | 186 | 30 | 216 |
| Rapid Survey sessions | 366 | 6 | 372 |
| Immunisation sessions | 10 | 147 | 157 |
| Miscellaneous sessions (Camp : B.C.G. ; Weighing and Measuring ; Infectious Disease, etc.) | 36 | — | 36 |
| Total—1951 | 3,217 | 241 | 3,458 |
| Total—1950 | (2,842) | (398) | (3,240) |

(4) Domiciliary Work.

*Home Visiting* was carried out :—

(*a*) in order to ensure that medical advice was properly understood and carried out ;
(*b*) to advise regarding cleanliness, clothing, and verminous infestation ;
(*c*) to carry out special investigations relating to home circumstances and family history in all cases of handicapped children ;
(*d*) to investigate absenteeism from various clinics.

| | Health Visitors. | Clinic Nurses. | Total. |
|---|---|---|---|
| Medical follow-up visits | 761 | 208 | 968 |
| Cleanliness follow-up visits | 634 | 1 | 635 |
| Special visits | — | 11 | 11 |
| Total—1951 | 1,395 | 219 | 1,614 |
| Total—1950 | (1,033) | (528) | (1,538) |

Posters and leaflets were distributed to schools and school clinics, via the school nurses.

The film-strip on the School Health Service was found to be very useful, and several talks to parent-teachers' groups were given.

The aspects of home and road safety were emphasised by the distribution of various painting cards.

(5) Health Education in Schools.

The opportunity to offer their help in the field of health education in schools presents itself whenever a health visitor enters a school for the purpose of conducting an inspection or survey.

Up to the present, three health visitors have been able to make health teaching an integral part of their school health work. These educational visits have been paid with varying regularity owing to the fact that the staffing of clinics receives absolute priority over other types of work. One of the three health visitors has been able to pay only occasional visits. The other two have tried to pay weekly or fortnightly visits and to follow a syllabus.

So far, the regular lessons have been confined to senior girls—mainly those in their final year. Mostly one period was at the health visitor's disposal, but during a parentcraft course in the summer term the second period of the afternoon was added in order to give the pupils opportunity for practical work.

In addition to their lessons, a few short talks (15 minutes) were given to mixed classes of younger age groups at the time, and in connection with hygiene inspections.

Courses given have been :—

(i) Personal Health.
(ii) Parentcraft.
(iii) The National Health Service.

Course I—Personal Health.

This course was complimentary to the health teaching given by the class teacher. Its aims were :—

(*a*) To foster interest in personal health amongst the pupils.
(*b*) To encourage an attitude of responsibility for their own health and happiness.
(*c*) To help the pupils to an understanding of the body and its various functions.
(*d*) To teach the principles of healthy living. Two methods have been used.

1. *The Physiological Approach.* This is built on the natural curiosity of the growing girl about her own body and its functions, but it also exploits—and thereby modifies—the child's morbid interest in disease. The themes of such a course are life processes such as the circulation of the blood, digestion, posture, sleep, etc. From the understanding of these are derived the essential conditions of health.

2. *The "Hygiene" Approach.* This is more suitable for young pupils. The fundamental habits of a healthy life are linked with the other activities of the child. It includes the care of skin, hair and teeth and stresses such important rules of health as sleep, fresh air, good food.

COURSE II—PARENTCRAFT COURSE.

The aims of this course are along the same lines.

1. To foster interest in babies and young children, and to help the girls to look forward to their own future as wives and mothers.

2. To encourage an attitude of family responsibility for the health and happiness of children.

3. To help the pupils to an understanding of the development and needs of babies.

4. To foster initiative and the art of improvisation.

5. To give the pupils confidence through practice. In one school this course was held during the period preceding "Education Week." All the equipment required for the care of a baby was made by the pupils themselves at very little cost. They staged their exhibition with great pride, and the younger pupils as well as the people from the neighbourhood showed a great deal of interest. Practical demonstration in this instance included the bathing, dressing and handling of the baby sister of one of the pupils.

COURSE III—THE NATIONAL HEALTH SERVICE.

This was a course of 12 lessons based on the two previous courses. The chief points were once more—interest, personal responsibility, self-reliance and consideration for others. An additional aim was to give a sense of community to the pupils.

The course was constantly linked up with other studies of the school curriculum given by the school teacher.

1. *History*—in unfolding the historical background of public health and care of the sick.

2. *Social Studies*—seeing the National Health Service as a part of the wider scheme for social welfare.

3. *Citizenship*—showing the true relationship of government and people as it affects public and personal health. Love of their country is there, but often only as emotion, unrelated to practice. It was interesting to note how well the children were able to grasp the economic aspect of the National Health Service Act when it had been brought into contact with their personal lives. Taxes and treatment, rates and services, contributions and benefits—these are related facts that are more easily understood by children who have not been sheltered from the economic facts of life. Yet whether they have learnt from life that which they understand for a moment is highly doubtful, especially those children who have to live in an atmosphere of apathy and scrounging.

## SYLLABUS FOR COURSE IN PARENTCRAFT FOR SENIOR GIRLS.

LESSON I. *Introduction.*

Reasons for studying parentcraft—parents' responsibility for health and happiness of the child—standards of child nurture—the effect of environment —the value of training in giving knowledge and confidence—the need for unselfish love.

LESSON II. *The Normal Infant.*

Elementary facts about a new baby : condition, appearance, capabilities, limitation. Baby's fundamental needs : love, security, protection, warmth, food, sleep—a survey ; handling a new baby.

LESSON III. *Baby's Clothing.*

The need for warmth—guiding principles for health clothing—value of different materials—freedom and comfort—some good patterns—planning a layette—making and saving—wise shopping.

LESSON IV. *Feeding a Young Baby.*

Need for food : growth, energy, satisfaction—natural feeding : human babies and animal babies—reasons for breast feeding—conditions of success—the importance of confidence—vitamins—reasons for artificial feeding—its dangers and disadvantages—care of equipment—supervision.

LESSON V. *Weaning Time.*

The right moment—teething—gradual introduction of solid food—preparing baby meals—some suitable foods for young babies—more about vitamins—preventing fads.

LESSON VI. *Baby's Toilet.*

The need for cleanliness : protection—baby's skin—function of the skin (elementary)—the care of baby's skin ; "topping and tailing," changing napkins, baby's bath. Preparation and technique of bath—improvising essential equipment—importance of clean clothing and home.

LESSON VII. *Baby's Health—how to maintain it.*

(*a*) The need for sleep : amount of sleep—sleep and growth—putting baby to bed—baby's cot and pram.

(*b*) Fresh air and sunshine—effect on health—ventilation.

(*c*) Routine and a quiet life—the value of habit, laying foundations of good habits—importance of security—avoiding rigidity—mutual adaptation.

LESSON VIII. *Baby's Health—prevention of illness.*

Normal development—signs of health—muscletone—preventing infection and digestive upsets—preventing rickets. Vaccination and immunisation—regular examination by a doctor.

LESSON IX. *The Sick Baby at Home.*

Signs of illness—need for observation—when to call the doctor—special needs of the sick baby—simple nursing points. Some babies ailments—danger of doing without medical advice—prevention better than cure.

LESSON X. *Protecting Baby from Accidents.*

Safety in the home—protecting baby from himself—danger of careless adults—how accidents happen—avoiding over-anxiousness—safety and confidence.

LESSON XI. *The Help from the State.*

Financial help : maternity benefits, family allowance, vitamin supplements, tax allowance.

The Health Service : The Local Health Authority—The Midwife Ante-Natal Clinic, Infant Welfare Centre, Medical Officer and Health Visitors, Home Help, free protection against smallpox and diphtheria. The family doctor—the district nurse—hospital.

The parents' responsibility—the family in the Welfare State.

Practical activities : budget for the layette, making a baby gown pattern, changing and bathing a baby, preparation of improvised toilet box, making the cot, care of bottle feeding equipment, making a baby scrap book.

### Conditions for Successful Health Teaching.

The aims and fundamental principles of health education in schools have been stated at some length, for it is vital to be quite clear about them, otherwise they may get lost in the difficulties and frustrations that beset the visiting health teacher. Whether one is able to follow an ideal plan or whether one must struggle with adverse conditions, the aims of health education remain the same. The schemes themselves need to be flexible and allow for maximum adaptation. There are, however, conditions essential for the success of this work. Two of these are of primary importance.

1. Complete mutual trust and respect between school teacher and health visitor.

2. A good relationship between pupils and health visitor that will lead to their willing acceptance of her leadership in this sphere.

### Secondary Conditions for Success.

1. *Regularity.* The necessary time must be at her disposal and this work can never properly develop until precedence is given over other aspects of routine health visiting duties. It should be remembered that health visitors are primarily intended to be health teachers.

2. *The link with social welfare.* It is because she is the link between school and home that the health visitor can make her special contribution. She knows the children at school and in their own social setting, and she is able to adapt her teaching through her constant contact with reality. This value would be lost if the health visitor were appointed as a full-time health teacher and gave up her social work.

3. *Concentration.* Every school that is entered by the school health visitor should be regarded as a sphere of health education to her. This reduces the number of schools which she can effectively visit to two or three at the most. It is vital that health education should be spread over several age groups in one school by linking it up with routine examinations and hygiene inspections. Responsibility for too many schools dissipates the health visitor's energy.

4. *Assistance and Delegation.* Help in school is needed with school medical sessions, hygiene inspections and rapid surveys. The time saving is not the only factor—it affects also the vital factor of prestige with teachers and pupils. If many hours are spent in looking at children's heads only an outstanding personality can rescue sufficient prestige to be acceptable as a teacher. There are insufficient hygiene attendants employed to allow for any real development in this field at present.

5. *Access to suitable visual aids and help with their preparation.* Visual aids should stimulate the imagination of the pupils. They need not be elaborate and often are best when simple and hand-made. Until the health visitor obtains some help in this direction, she will largely have to carry on without visual aids apart from the use of blackboard and posters.

6. *Co-operation with the Education Department.* The health visitor is aware of her need for guidance in the sphere of school education. She enters the school as nurse and social worker, willing to make a special but limited contribution to the children's education. For this she needs the full consent and approval of the Education Department, and, if possible, personal contact with members of their staff.

If the health visitor knows that she has something to give she also knows well that she has much to learn. The co-operation of the teachers in the schools where health teaching has been attempted has been very much appreciated.

## Report on the Work of the Ear, Nose and Throat Clinic during 1951.

The Ear, Nose and Throat Clinic has continued its work. There have been difficulties in seeing patients as quickly as we could wish because we lost the services of Dr. F. D. Martinson. The Regional Hospital Board did not appoint anyone in his place and it was not until we appointed Dr. I. M. Leach as Assistant to the Ear, Nose and Throat Department in August that we were able to increase the amount of work done.

PROCEDURE.

The consultant sees all new cases at the first visit. In some cases it is obvious at this first examination that tonsils and adenoids operation is necessary and the child's name is then added to the waiting list for admission to Hope Hospital. This child may not need to come back to the Clinic until he is re-examined three weeks after operation.

Other children who are listed for operation may need treatment in the meantime in order to maintain the health in as good a condition as possible until operation is performed. These cases may be given treatment at home or they may be asked to attend the School Clinic—for dressings to the ear or for nasal hygiene. Such children will probably be seen at two monthly intervals until operation and these cases can be kept under observation by the Assistant to the Ear, Nose and Throat Department. If the child's health is deteriorating—or if for any reason Dr. Leach is not satisfied with the patient's condition—the child is brought along to the consultant for a further opinion as we hold our Clinic together on Tuesday afternoon and are able to discuss any case.

A third group of children (when seen by the consultant at the first visit) may not need operation but may require treatment along other lines. Some are given a course of special breathing exercises designed in the form of games or competitions—which will encourage firm closure of the mouth and satisfactory nasal breathing.

Some are taught at the Clinic to douche their noses so that secretions are not allowed to stagnate in the nose. In this way the mucous membrane is cleared of accumulated discharge and is aerated and given a chance to recover its function.

Some are given a *holiday* at a Convalescent Home. Others are sent to an Open Air School. Some who have had no cod liver oil for a year or two are given adequate vitamins again—perhaps in another form as many children seem to rebel against cod liver oil as they grow older.

Some have catarrhal deafness which needs constant observation—especially in a Salford climate. These cases have their hearing checked by Audiometer Test so that we have an accurate record. They are treated and observed and when clinical improvement seems satisfactory a further Audiometer Test is done. If this confirms the clinical finding treatment may be stopped—or reduced—but the parent is warned to watch carefully for any falling off in hearing and to report at once to the Clinic if this occurs.

If the Audiometer Test still shows some impairment it is useful to show this result to the parent so that treatment will be continued when to all ordinary appearances it seems unnecessary.

Some children have *acute suppurative otitis media* when first seen. In these cases we use every means we have to heal the ear in two to three weeks. In most cases we achieve this quite readily by dressing the ear daily. In some cases further help is given by treating the nasal catarrh at the same time. In a few it is not possible to obtain a healed drum with out-patient treatment. In these cases if there is no improvement in two weeks we arrange for in-patient treatment which is usually successful. It cannot be stressed too often or too forcibly that every acutely suppurating ear must be cured within three to four weeks—and by cured we mean a healed drum and normal hearing. Neglected " acute " ears will become " chronic " ears and unfortunately we still have many cases of chronic suppuration in the ears.

Nursing Difficulties.

These are the most difficult and the most time-consuming cases we encounter. When we have satisfactory working conditions for the nurses—that is a room with a portable lamp and a head mirror for the nurse—and above all when we have nurses who will learn the details of cleansing an ear adequately —and yet painlessly—our results are improved.

Last year, to facilitate this, we raised the status of one of our nurses. This nurse has worked in an Ear, Nose and Throat Hospital ; she is therefore skilful in her dressings and, most important of all, she is interested in these cases. She now sees at least once a week all the ear cases which are difficult to dress or are in need of more experienced care. As a result of this we have been able to obtain a greater proportion of dry ears than would have been possible otherwise.

Modern Treatments.

We have been ready to accept new developments in the therapeutic field. Several years ago we were pleased to report improvements in certain selected cases of ear suppuration after using a Penicillin-sulphathiazole powder. A few years later we found that Streptomycin if used with care—and for only seven to ten days at a time—caused an improvement in some ears which resisted other lines of treatment.

Now we are using Chloromycetin in a few ears. This preparation is extremely expensive and is not used except in special circumstances. In those cases where it is thought desirable to use it we have written to the family doctor concerned and have asked if he would give the patient the prescription. The parent has then brought the preparation to the nurse who is dressing the ear. We are pleased to report that all the Practitioners concerned have been willing to co-operate with us.

The severely deafened child is extremely well catered for in Salford where the *class for the partially deaf* continues successfully. We also are able to provide lip reading classes in the later afternoon for children who are not deaf enough to require removal from a normal school but who yet need extra help.

We could help many children more quickly if minor procedures could be done on out-patients. For instance, antral lavages in children over five or six can be done with no more discomfort than is involved by a visit to the Dentist. These sinusitis cases could then be dealt with almost at once. Nowadays the child has to wait for a bed in Hope Hospital—and may be waiting for months. There are small ear operations such as myringotomy, removal of aural polyp and incision of boils, which could be dealt with similarly.

Further help in the Physiotherapy Department is increasing the benefit to many children. There is a great need for speeding up treatment by speech therapy. It is good to know that a second Speech Therapist has recently been appointed. When there is a long waiting list for these cases the children become fixed in their bad habits and grow more self-conscious of their defects, with the result that treatment is then more difficult and more prolonged.

**The Pre-Tonsillectomy Clinic.**

Many experts in the ear, nose, and throat field consider that tonsillectomy is hardly ever an urgent operation. Full clinical investigation should be made, prior dental treatment carried out and examination, especially of the sinuses, be done before a final decision regarding the necessity for tonsillectomy is made. In carefully selected cases, however, it is agreed that " there is no single operation in children's medicine more successful or one which shows such dramatic results as tonsillectomy."

During 1951, 395 medical examinations were made by the pædiatrician at our Pre-Tonsillectomy Clinic. These sessions are held in a room which is adjacent to the clinic of the consultant ear, nose and throat specialist, a most useful arrangement when a second opinion is necessary.

Many of the children were reviewed at intervals during the year, and nine names were removed from the list of children awaiting operation.

**Consultant Skin Clinic.**

This clinic is held onec weekly at Regent Road on Thursdays at 2-30 p.m., and provides facilities for the diagnosis and treatment of skin disorders in Salford school children.

The overwhelming majority of cases can be treated fairly simply and easily as out-patients without loss of valuable time at school. There remains however, the cases for which hospitalisation is needed, and these include the perennial problem of the allergic child with severe infantile eczema often co-existent with asthma. The mother of a large family which includes a child with this distressing affliction is often brought near to breakdown by continued loss of sleep and worry over the child's condition. Severe cases in children such as these are benefited enormously by periodic short stays away from the family and in hospital.

Occasional cases of obscure or doubtful aetiology also are seen, and for these also hospitalisation, with its facilities for full observation and investigation, is preferable.

I am glad to report that there is satisfactory co-operation between clinic and hospital, and beds are available at Hope Hospital for these cases.

During the year under review there has been a continued decline in the numbers seen of cases of scabies, impetigo, and septic cuts and abrasions, and I am quite sure that the main factor for contributing to this is the more efficient and systematic treatment being given both at clinics and by the family doctors.

The incidence of tinea of the scalp and of the smooth skin among school children in Salford is variable, and on the whole is not a considerable factor in causing loss of school time. Arrangements are made for each case of tinea of the scalp sent to the Consultant Skin Clinic, to be cultured, and the causative fungus typed and classified, so that according to type appropriate treatment may be given.

The great majority of cases seen are of the animal ringworm type (M. canis, etc.) and X-ray epilation is not essential in these cases.

The incidence of tinea of the smooth skin is fairly high, but its treatment is not difficult and presents few problems.

The incidence of common warts and of molluscum contagiosum remains high, and I would again urge the advisability of referring children as early as possible before these lesions have multiplied and increased the time required for treatment.

There has been a welcome decrease in the number of penicillin sensitization symptoms seen during the past twelve months.

During the year under review attendances numbered 1,160, including 28 cases of tinea of the scalp, 20 of tinea of the smooth skin, and 107 cases of impetigo.

There is undoubtedly scope for further development in the future.

**Foot Health Clinic.**

The modern trend in the health service is to accentuate the fundamental importance of preventive medicine. This has brought a realisation of the value of mass inspections, surveys, etc. There is often a tendency in the lay mind to regard this as a health service on the wholesale principle, but in effect it is actually the reverse. By a wise and careful systematic examination of children, as for instance takes place in rapid surveys by health visitors, mass radiography, dental inspections and foot surveys, defects are frequently detected whilst they are of a minor character and easily corrected. Were these conditions allowed to go undetected they may not be noted until the symptoms were marked and the condition had reached a chronic stage, where correction or a complete cure would be difficult or even impossible. It will, therefore, be seen that whilst the inspections or investigations are organised in the mass, prompt and adequate treatment of the individual is achieved. Once some defect has been noted the child is directed to the appropriate clinic. In the case of the Foot Surveys, the children are directed to the foot health clinic for the treatment of any minor defects.

Investigation over many years has brought to light some interesting facts, *e.g.*, surveys of children's feet carried out in 1951 showed that from a total of 1,338 children examined, the following percentages of gross defects were recorded :—

| | |
|---|---|
| Long arch weakness ... ... ... ... ... | 3·7% |
| Hallux Valgus ... ... ... ... ... ... | 2·3% |
| Defects of lesser toes ... ... ... ... | 3·7% |

In addition it should be noted that there were many cases with slight defects such as :—

| | |
|---|---|
| Long arch weakness ... ... ... ... ... | 13·8% |
| Hallux Valgus ... ... ... ... ... ... | 4·6% |
| Defects of lesser toes ... ... ... ... | 6·9% |

Therefore, the fact emerges that defects of some kind or other were noted in about 35% of children examined although it must be conceded that 25% were of a very minor character, and under reasonable conditions, proper fitting shoes and hose would in the main be self correcting. Of the balance of defects we have a substantial number, some 10%, in which prompt treatment is essential if permanent weakness or deformity in the adult is to be prevented. Mobile pronated feet if not corrected may result in serious postural defects, round shoulders, congestion of chest, slouching gait, etc. A contracted toe easily straightened by simple splinting in the case of the child can, if not treated, become a permanent hammer toe resulting in much misery and serious incapacitation. Neglected adolescent hallux valgus may find the adult with an unsightly gross deformity of the hallux and a painful bunion.

Another factor which is frequently overlooked is that the neglect of one defect may result in another, *e.g.*, it is now well established that a great proportion of cases of hallux valgus are the result of the valgus deviation of the forefoot when walking in the case of pronated feet, whilst hammer toe may result from the forcing back of the second toe by the great toe in cases of gross hallux valgus.

The value of special surveys cannot be over-estimated, as may be instanced in the case of a school where cases of verrucae plantaris were reported. A survey of the school revealed 14 cases which were immediately given treatment. As a result of this investigation and prompt action an undoubted epidemic of verrucae throughout the school was checked and this may well have prevented a serious interference with the educational programme.

The examination of children's feet over many years has proved the adverse effect on children's feet of unsuitable and ill-fitting footwear. During the recent survey, quoted above, no less than 28% of the children were found to have shoes at least one size too small. Of these 11% were wearing shoes two sizes, or more, too small.

The primary reason for the prevalence of short shoes is that few shoe retailers appear to stock children's shoes in more than one fitting, and as the greater proportion of children are found to require the broad fitting shoe,

it is these shoes which are usually stocked. Therefore, when fitting a slim foot a shoe of the correct length appears much too big, owing to the fullness of the fitting. (1) If the foot has not been previously measured and the shoes

Fig. 1. Showing the Broad and Narrow Foot Types.

are fitted merely by trial and error, the tendency is to try on a less and less size until the foot appears to fill the shoe adequately. Unfortunately, by then the great toe is jammed up against the end of the toe box and the child is wearing a shoe hopelessly short. (2) Permanent injury to the nail and toe joint

Fig. 2. Hallux Flexus with Painful Bursær resulting from Faulty Fitting of Pro-Cavus Feet. Boy age 11 years.

is frequently the result of this form of faulty fitting. Not only do we find that many of the shoes are fitted short and bear no relation to the foot type of the child but they are frequently very unsuitable in design, often based on freak adult styles, i.e., sling backs, peep-toe, wedge heels. (3*a*) (3*b*) (4) The shoe should follow the contours of the natural foot and the fitting should be related to the width of the foot. As we encounter both slim and broad feet in the child, shoes should be stocked in at least three fittings so that the correct fitting, as well as the correct size is available. It is the correlation of these three factors—size, type and fitting, of footwear—that seems to be the stumbling block of the shoe retailer. It must, however, be appreciated that the shoe retailer cannot afford to keep considerable capital locked up in

sizes and fittings not frequently in demand, but a skeleton range of these would probably meet the case. Enquiry among shoe retailers has brought

Fig. 3a. Unsuitable shoes of adult type much too short and giving no support. Note Points of Pressure.

the complaint that shoes at prices suited to the lower income groups are not available on good lasts and in a variety of fittings. This is a perplexing problem when one endeavours to encourage correct shoe fitting in a district where

Fig. 3b. Permanent deformity of the toe resulting in the wearing of shoes as in Fig. 3a.

incomes are limited. Another factor is the scarcity of larger sizes in children's shoes in the lower price range, the feet of the modern child are indeed getting bigger (7's and 8's are not uncommon and size 6 is quite a common size in the 11-13 age group). A further disturbing problem is that many children in this age group tend to dictate the type of shoes they prefer to wear, and which are, unfortunately of the freak styles previously referred to.

Much may be done to alleviate this situation if liaison between the Health Department and the shoe retailer is established. Steps have already been taken and a meeting arranged by the Medical Officer of Health produced a ready response.

Fig. 4. Child age 12 years wearing parents cast off shoes.

SUMMARY.

To summarize we may conclude that careful and systematic surveys and foot inspections are of the utmost importance. Ill-fitting shoes are responsible for many foot defects and no effort should be spared to deal with the situation. Whilst clinical experience over many years has proved that correction of many of the minor defects can be achieved by simple methods, co-operation of the parent with the shoe retailer is essential, as shoes of the correct size and fit are *vital to successful treatment.*

## School Dental Service.

During the year the shortage of dental officers which has resulted in a lack of regular and frequent school inspections and consequent conservative treatment, has caused the demand for extractions to rise to tremendous proportions—many being acute cases. However unfortunate this position was, it had to be faced and the relief of a child's toothache was given priority.

GENERAL ANÆSTHETIC. The great majority of extractions were performed under general anæsthesia administered by consultant anæsthetists. This has been found the most satisfactory method for extraction both from patients' and operators' point of view. The demands on this service have been very heavy especially at Murray Street Clinic, which had been closed for twelve months. An extra anæsthetic session at this Clinic has done something towards reducing the waiting list, and given an opportunity for the speedy treatment of acute cases. The demand, however, is still heavy.

Regent Road and Police Street Clinics have dealt with their "casuals" satisfactorily, no doubt due to the fact that regular school inspections have been carried out at these clinics. During the year, vinyl ether has been largely used as an adjunct to gas and oxygen anæsthesia by the anæsthetist, with excellent results, giving a pleasant and speedy recovery. Two thousand nine hundred and twenty-eight anæsthetics were administered, 10,288 teeth extracted, 8,908 being deciduous.

Penicillin injections for those cases in which there was a danger of infection spreading were made available, saving the child visits to distant hospitals, and giving quick and speedy results.

Conservation. Although inspections and routine *conservative treatment* has had to take second place to the treatment of emergency cases, 5,379 teeth have been filled, 1,758 of these being fillings in deciduous teeth. At the same time, improvements in conservation technique and materials were introduced in the clinics.

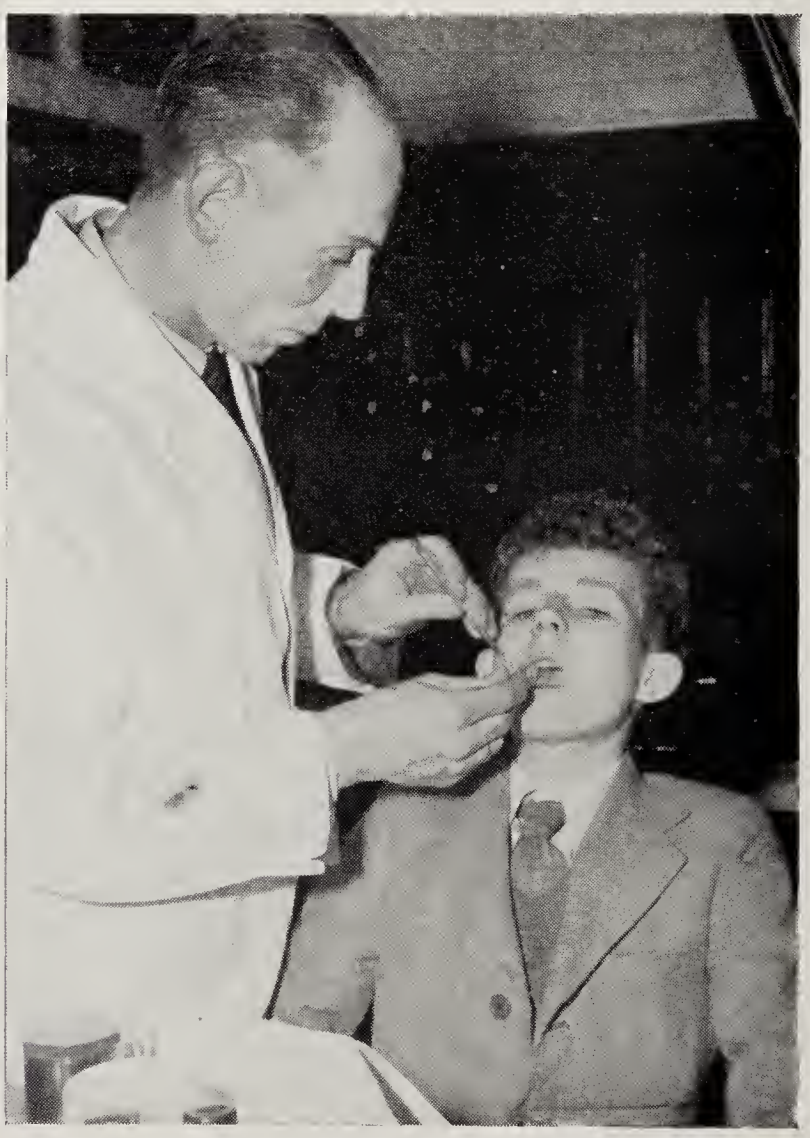
The increasing use of local anæsthetics for fillings has taken a great deal of the fear out of the conservative treatment, and the co-operation obtained from the children even during long and intricate fillings has been remarkable. The fear of fillings has given way to a healthy interest in their teeth, and the process of filling them. It has been particularly gratifying to see the high attendance figures obtained during the school holidays.

Orthodontic Service. This service has grown steadily throughout the year. A great deal of satisfying work has been done in the correction of faulty occlusion often with marked improvement of the child's appearance.

Later in the year a second orthodontic consultant was appointed. This has resulted in a greatly reduced waiting list for treatment.

Orthodontics is a highly specialised branch of dentistry and we are indeed fortunate to be able to provide these consultant services for the children of Salford.

Oral Hygiene. During the year the services of an oral hygienist have been available to scale and clean the teeth of children referred by the Dental Officers. Not the least important part of her work has been to teach the children the proper use of the toothbrush and instil a pride in a clean and healthy mouth.



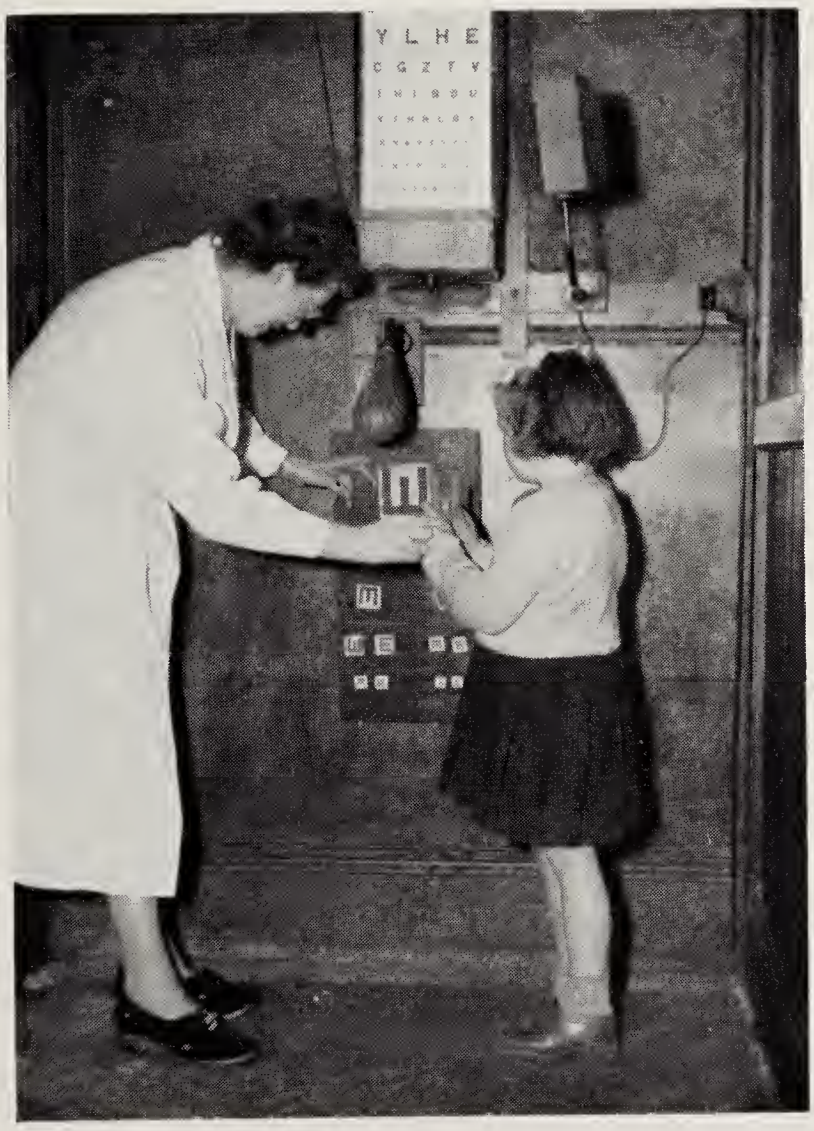
**Dental Inspection in School.**

## Eye Clinic.

Cases are referred to the eye clinic from the following sources :—

Children sent by medical officers during medical inspection in the schools, children referred by school teachers, children recruited from the maternity and child welfare clinics, children brought by parents themselves and, lastly, children referred by opticians.

With the exception of those cases referred from the maternity and child welfare department, the children in schools are examined by the medical officer, health visitor, or school nurse, at the age of 7 to 8, either by means of Snellens Test Type, or if illiterate, with the aid of the Illiterate E Test.



**The illiterate " E " test of vision for children unable to read.**

The clinic is receiving increasing help from the teaching staffs in the schools in the matter of referring cases. The co-operation between the teaching staffs of the schools in Salford and the ophthalmic clinic has been the practice for many years. The following is a quotation from the report of the Chief Medical Officer of the Ministry of Health for 1946/47 :—

> " One cannot over-emphasise the importance of securing the teachers' help in the discovery of young children with defective vision. As they are in constant touch with children they are in a better position than anyone else to detect symptoms, such as holding a book too close, difficulty in seeing the blackboard, adopting a bad position at the desk, or showing signs of educational retardation—which may be indicative of defective vision."

There has been an increase in the number of educationally backward children sent for examination, but in not more than approximately 30 per cent. is there any marked defect in visual acuity. Even, however, when the sight is found to approximate to normal, it is not felt that an interview with parent and child is wasted time. The parent, without exception, is pleased to discover that a visual defect is not present and this further emphasises the need on the part of the parent to share with the teacher the responsibility of giving special encouragement to the backward child.

There is a steady reference of cases from the Maternity and Child Welfare Department for squint or lacrimal obstruction. The latter condition is restricted to children in infancy or between the ages of one and two and responds to local treatment for a few weeks or months, in the majority of cases, and it is only a small percentage of cases which require lacrimal probing in hospital. The usefulness of the early reference of cases of squint cannot be over-emphasised in the pre-school child. In recent years there has been maintained a constant reference from the Maternity and Child Welfare clinics of children with this defect. They are refracted under mydriatic, and glasses, where necessary, are often prescribed within a week or two of the squint occurring.

Not a few children just out of infancy but able to walk are fitted with " tie-on " spectacles for constant wear. The mothers of the older pre-school children (ages 3 to 4) are particularly gratified with the early improvement in visual acuity in the squinting eye as a result of occlusion and the wearing of glasses.

Since the inception of the National Health Service Act there has been a noticeable increase in the number of parents who bring their children for eye examination when any defect is suspected. This is in marked contrast to the prejudice against the wearing of glasses not so many years ago.

Lastly, and importantly, the rapid surveys of children in schools, including eye-testing, brings to light children with visual defect who have been missed at routine inspection due to illness or for other reasons.

It will be appreciated that the young patients drawn from these several sources represent a high percentage of the school population in the City which suffer from visual defect.

### Refraction Clinic.

At this clinic 10 to 14 cases are sent for per session and the waiting list for patients to be seen is no longer than three weeks. If a child does not attend at the first invitation, the invitation is repeated for three times at intervals of a fortnight or three weeks. If no response occurs to the invitations, the child is home visited. As a result of these efforts, less than 5 per cent. of the children come into the category of defaulters. Occasionally, the child or the parents do not collect the glasses from the optician and a home visit is made as a result. Since the inception of the National Health Service Act, there has been only one child who has not secured its glasses.

CHILDREN SUFFERING FROM HYPERMETROPIA.

Children with hypermetropia are not prescribed glasses unless they have symptoms or persistent physical signs. This applies especially to the younger children under the age of nine. In practice it has not been found useful to correct the hypermetropia of moderate or medium degree in the younger child because—

(1) he does very little close work and is generally symptom free ;

(2) it has been found that when corrected the child does not wear the glasses ; and

(3) the parent is not desirous that the child should wear glasses unless he becomes aware that a visual defect is present.

Such cases are seen every twelve months and if the hypermetropia persists in the latter school years and symptoms become noticeable a correction is then prescribed.

All cases of myopia are supplied with glasses and are re-examined every six or twelve months according to the youth of the child and the rapidity of advance of the short sight. It is found in such cases that the glasses are generally worn constantly because of this improvement in vision, which is appreciated by the child.

High School pupils with visual defects are examined during the school holidays so as to obviate interference with school attendance.

In the examination of children suffering from refractive errors the normal routine after a test of visual acuity is the prescription of 1 per cent. atropine sulph. in drops or ointment for a period of three days, followed by refraction. The patient is then invited to attend in two weeks for a post-mydriatic test, and glasses are then prescribed if necessary.

Artificial eyes are now supplied free of charge, and it is gratifying to note that none of the few children to whom this applies has been without an " eye."

All repairs and adjustments are dealt with immediately and are not placed on the waiting list. All cases sent as " urgent " by teachers and doctors are given an early appointment, as are child welfare cases and older children accompanied by parents who are concerned about their children's sight.

SQUINT.

These patients usually have a hypermetropic refractor error. They are examined under a mydriatic and glasses are prescribed when necessary. All such cases are referred to the orthoptist and are seen by the latter within three months of the time of refraction.

Patients undergoing occlusion are seen monthly and when the vision is equal, or nearly so, at three-monthly intervals.

**Orthoptist treating squint by occlusion.**

Orthoptic training may be given at the earliest at the age of 7 years and the child attends the clinic at weekly intervals. A waiting list for those children requiring operation is compiled following orthoptic investigation, and the cases are classified according to the type of squint.

**Treatment of squint by the use of the synoptophore.**

During the past year the clinic has had the services of two part-time orthoptists, so that ten sessions per week are now fully staffed. It has been possible to supervise a greater number of children per week by means of occlusion and to increase the number of orthoptic treatments to 16—20 per week. A greater percentage of squint patients are now receiving orthoptic training either alone or combined with operation than previously. On an average 120 cases of occlusion are seen weekly and 20 cases receive orthoptic training weekly. This has resulted in a gradual increase in the number of orthoptic cases submitted for operation.

Operative sessions are held fortnightly at Hope Hospital when a list of 2—3 patients are operated on for squint.

| | *Boys.* | | *Girls.* |
|---|---|---|---|
| Attendances at Orthoptic Clinic for occlusion and routine inspection | 2,339 | | 2,034 |
| Attendances at Orthoptic Clinic for treatment | 393 | | 347 |
| New cases of Strabismus | 155 | | 197 |
| Number of refractions | | 2,405 | |
| Number of cases of eye diseases | | 255 | |
| Number of pairs of glasses prescribed | | 1,418 | |
| Number of pairs of glasses obtained | | 1,418 | |
| Operations for 1951 | 18 | | 20 |

An example of the beneficial effect of operative treatment for squint. The illustration shows a child before and after treatment.

An example of the beneficial effeet of operative treatment for squint. The illustration shows a ehild before and after treatment.

## Partially-Sighted Children.

In September, a class accommodating 15 children was established at the new Claremont Open-air School. The option of attending such a class is given to those children whose visual acuity is 6/24 or less in both eyes, from whatever cause. Such cases consist of rapidly advancing myopia in children under the age of 10, and children suffering from congenital defect which is unimprovable and is associated with refractive error. It is the policy, as far as possible, to restrict the age range to between 6 and 11 years so that for educational purposes a class of up to 16 children may remain within the teaching scope of one mistress. The children are taken to the school by 'bus and have a mid-day meal and tea on the premises. The school is situated in hygenic surroundings. Care is taken not to give the child the impression that he is an "ocular invalid," and the teaching, which is individual for the greater part, conforms to the usual methods except in children whose visual acuity is 6/36 or 6/60 where the use of a visual aid apparatus is made available.

When it is found that the myopes are stationary, i.e., that the condition is not worsening, the child is encouraged to return to the ordinary school for the last three or four years of his school life. The same policy is adopted for the congenitally defective children and when the visual acuity is not below 6/36 it is arranged for such children to sit on the front row in the classroom on return to the ordinary school.

## Colour Vision Testing.

A survey of the older children from 11 onwards is in process of being made in the grammar and senior modern schools for both boys and girls. The method used is first the group test using the Colins-Drever group test, followed by the Ishihara colour vision test where cases of suspected defect

are noted. This survey has been interrupted due to the darker months of November to February, when the daylight necessary for such a test cannot always be relied upon. The figures of this investigation will be reported later when it has been completed.

### Internal Eye Diseases.

These are discerned on internal examination of the eyes under mydriatic drops, and are comparatively rare. Treatment is advised, and the child is seen frequently. As these are often due to general causes, the child is referred to special departments such as the municipal clinic, tuberculosis department or to hospital for further treatment which cannot be given at the clinic.

### External Eye Diseases.

These comprise external diseases of the eyes and lids and are often referred from other clinics. The number of cases varies with the time of the year, such diseases being more prevalent in the spring and autumn when there are cold winds and invariable weather. General health is usually lower in spring following the winter. The children are examined and they are referred for treatment to the nearest school clinic and continue treatment at home.

Cases of blepharatis are becoming rarer, due to modern methods of treatment which are applied regularly, and because of persistence in treatment after an apparent cure. It is also due in many cases to the wearing of spectacles for correcting stigmatism. The more serious types of inflammation such as phlyctenular conjunctivitis and ulcers of the cornea, both of which are likely to lead to defects of vision, are also not so frequent. This again is due to modern medicine clearing up the condition more quickly, before permanent injury is done to the eye, and also to the children's persistence in the treatment both during and after the attack. In many cases these are due to low general health and the children are referred to the sunlight clinic and given cod liver oil and malt or other vitamin supplements.

The acute suppurative conditions are rarely seen now because the child is treated in the early stages before the deeper tissues are involved.

"Styes" are not seen so frequently now, and the milder infections of lids and conjunctivæ are treated and cured before they involve deeper tissues and the condition becomes chronic.

The milder conditions of conjunctivitis are still seen, but quickly clear up under regular treatment, and leave no after-effects.

These children are rarely advised to be absent from school as experience teaches that the condition clears up more quickly when the child attends school and clinic regularly, which he tends not to do if absent from school. The risk of infection to other children is very remote, except in the rare cases of acute suppurative conditions. In many cases both parents are at work during the day leaving the children to play unsupervised in dirty surroundings, and aggravate their condition by rubbing the eyes. In school, however, under more regular supervision such aggravation is often avoided.

## Speech Therapy.

Speech therapy is quite distinct from other forms of speech work such as elocution, which is not concerned with the original purpose of speech—communication—but which endeavours to improve the existing mode of language as regards diction, voice production, to beautify words and give them meaning and charm.

Speech therapy is the remedial treatment for all types of disordered speech. Remedial speech is wholly constructive and is applicable to individuals who, through failure of development, injury to brain, emotional disturbances or physical malformations, are prevented from normal oral contact with the world. The aim of speech therapists is to build up confidence and self-control in the speech defective child through speech rehabilitation, so that his outlook on life becomes positive (speech defect often causes maladjustment of whole personality inasmuch as the person concerned is liable to feel different).

*Deafness* may be a contributing cause of dyslalia (general term for defects of articulation). Speech is learned by hearing and imitating the spoken word, and if a child hears imperfectly, speech is likely to be imperfect too. Structural defects such as some dental irregularities protruding or retracted jaws, cleft palates, affecting speech mechanism also affect production of the speech sounds. Dyslalia often results from lack of training in speech and where there is language poverty in the home. If a child does not receive the right stimulation and training in speech—speech development will be affected. Sometimes a child's wants are anticipated by parents. He has no need for speech so he uses gesture.

In mentally retarded children general development is usually slow, inception of language late, speech development retarded (perhaps the abstract nature of words makes it difficult for the mentally retarded child to grasp meaning). There is usually little improvement in speech of this type of child. It is understandable if the therapist feels that such work should not take up her clinic time, but in the interest of public health, children should not be debarred altogether from treatment . In point of view of the welfare of a child as a whole, he frequently gains a feeling of security from coming to the clinic, and can be stimulated to move towards self-expression and communication.

In the treatment of dyslalic children we should remember we are dealing with a speech defective not with specific consonants. Basic causes are removed or improved where possible and the child's speech re-educated through ear training—child is taught to listen, imitate and learn—through tongue exercising and manipulation.

There are many kinds of *speech defects*—from complete speechlessness to disorders of *pitch*, and strength of voice.

*Causes* include hearing loss, strain, vocal abuse through singing and shouting, hypertension, emotional maladjustment, disturbed breathing, or it may be hysterical. *Treatment* depends on the underlying cause.

Stammering—one of the most common of speech defects—has to be overcome by building up confidence within the patient, releasing him from nervous tension. Any environmental or psychological upset is adjusted wherever possible. For any defect it is essential that there should be co-operation between school and parent.

It is the aim of the speech therapists that children with speech defects should visit the speech clinic nearest to his or her own school, at the same time having regard to a fair distribution of the work load. The opening of the new Langworthy Centre was a great advantage.

Throughout the year, certain of the children attending the special class for children suffering from cerebral palsy have continued to receive speech therapy treatment once a week. Two, who became in-patients at Hope Hospital, were visited there as frequently as possible by the speech therapist—though these visits were largely of a social nature—with the intention of reassuring the children that they hadn't been forgotten.

During the year several short talks on speech therapy have been given to student nurses from Pendlebury Children's Hospital, to a group of student Health Visitors, and to the Salford Young Teachers' Section. This dealt with the ways in which the teacher could help a child suffering from speech difficulty.

Here are some actual cases of children with speech defects :—

LATERAL SIGMATISM.

Norman, at 9 years, is a most co-operative child. He had a marked lateral sigmatism (Welsh ' ll ' sound for ' s ') when he first came for treatment. At 2 years, when he was just beginning to speak he fell, injuring his chin on a step and biting through his tongue, which had to be stitched. This tongue injury may account for the defective sound, which would be easier for him to say than the normal 's' sound. Lateral sigmatism seems often to be associated with aggressiveness. There may have been some rebellious attitude on the part of this child against his mother, who was suffering from a severe neurotic condition.

He is of good intelligence (he rates among the first four in class examinations), he was able, after a short period of intensive ear training using his own faulty sound in words and the normal one, to hear the difference, and was soon using the normal ' s ' sound. Quite often he had lost marks in reading because of his defect and he was determined that this defective sound should no longer stand in his way. After two months of treatment the 's' sound is now properly articulated in every position and combination, except occasionally in story telling and in conversation—but here he is able immediately to correct his faulty sound. He has now been given provisional discharge.

DYSLALIA.

Elizabeth, 8 years, lives in a very poor home and has had little opportunity to hear a good speech model in the home. From being a baby she seems to have been unwanted by her parents. Even now her parents leave her alone in the house while they go out and enjoy themselves. When first interviewed all her final sounds were omitted : ' s ' and ' f ' were lisped (th) ; cat was ' tat ' ; yes was ' les ' ; rabbit became ' wabbit '. Her voice was rather husky, her tongue thick and sluggish, lip and tongue movements poorly co-ordinated. Because of the poverty of speech in the home, her parents were not asked to give Elizabeth daily practice in speech. The school, however, has been exceedingly co-operative. Elizabeth used to be naughty in school deliberately to attract attention she craved. Now, happily, with an older girl bringing her to the clinic and her teacher giving her daily speech practice at school (he will spend about 10 minutes each day giving her tongue exercises and speech practice from her speech notebook) she feels she is having the care and attention so lacking at home. Progress has been very slow and improvement in her speech condition only slight.

Severe Hypernasality.

John, now 14 years, had his tonsils and adenoids removed when he was 8 years old. After operation speech was nasal in quality. Exercises, including blowing exercises, were adapted for him from those used in cases of cleft palate speech, but improvement was only slight. After a lapse of two years in treatment, speech had become severely hypernasal. The palate, on examination, was very short and not very mobile. There was nasal escape on all his speech sounds. Could he hear this nasal quality in his speech ? When questioned he admitted that as far as he knew there was nothing wrong with his speech and confided he often wondered why he should attend for speech therapy treatment. His speech was recorded and played back to him and he heard his hypernasal speech for perhaps the first time. The mechanism of palate function and dysfunction were demonstrated to him, using detailed diagrams and explanations to arouse his interest. The soft palate was exercised and massaged to try to promote movement—but unsuccessfully. He was referred to the plastic surgery unit with a view to performing a plastic operation which would enable the soft palate to reach the posterior wall of the pharynx and thus obviate nasal escape.

Idioglossia.

Robert, aged 6 years, was extremely timid when interviewed. His tiny voice was often little more than a whisper. Speech was characterised by vowel sounds, a ' p,' ' b ' and ' m ' and ' k,' which was used for every other consonant—father was ' kakuh," gate was ' kay '—at school became ' akoo.' A younger brother through imitation showed a similar defective speech pattern. The case history revealed the interesting fact that the child was born choking —the cord wound tightly round his neck. Could this have some bearing on the particular " backed " form of the defective speech ? Although an I.Q. was not taken, the child was noted to be mentally very alert from the way he so quickly began to learn his new sounds and use them in speech situations outside his weekly treatment lessons. In his first lessons words like ' bob,' ' map,' were practised (using the sounds he could say). He is now practising the ' th ' sound in words and sentences.

Treatment throughout has been individual and therefore concentrated. His mother, so sensible and co-operative, has given her child daily practice in the carefully selected words and sentences given for home practice each week.

General Dyslalia and Lateral Sigmatism.

Margaret : aged 8 years 5 months. On admission to speech clinic, appeared very frightened and nervous child. Poor home : mother tired and overworked bringing up large family : home drab and cheerless. Margaret brought to the clinic by her elder sister. Clothes had a neglected look. Child spoke in a small timid voice. Very backward reader. Showed a high, narrow hard palate, and there was gross open bite of the front teeth. Mouth breather. Final consonants not sounded at all.

A month after treatment started child had sufficient confidence to attend speech clinic on her own. Mother reported that she liked coming. Showed more initiative.

Referred to orthodontic specialist who stated the open-bite was caused by tongue-thrusting, and of the opinion that this was psychological. Parent and child then referred to Psychologist.

During attendance at speech clinic deafness was suspected, and Margaret was referred for hearing test (very fearful at the idea of it and needed to be reassured). Found to be suffering from fairly severe high tone deafness. Teacher informed at her school and child placed in front row of the class. Child seen by ear, nose and throat specialist who ordered treatment for catarrh. Child and mother co-operated well. Child given breathing exercises at the speech clinic to help the nasal catarrh. Speech correction made good progress. The lateral sigmatism disappeared and ends of words were sounded. Given provisional discharge after 1 year 10 months' treatment. Check-up at school 3 months later showed that progress had been maintained. The child's speech was satisfactory and she appeared much more confident.

STAMMERER.

Ernest : aged 13 years 3 months. When admitted to speech clinic was stammering very badly. It was stated at interview that mother had left home three years previously. Ernest joined a class of three other boys at the clinic. At first inclined to bully and tease a younger member (not in front of therapist). He lacked confidence, and hung his head in a shamefaced way. Voice hardly above a whisper. Very backward reader, but showed marked aptitude for drawing. His earlier drawings were always of strong men (said he would like to be a P.T. Instructor), but later drawings showed more variation. He did well at competitive games, and the reassurance that he was not dull increased his confidence. (It was pointed out that he showed a tendency to mirror-reading, but that this could be overcome with practice). Ernest's bullying tendencies disappeared. His reading difficulty lessened. At the end of a year's treatment his whole manner and bearing had undergone a change for the better. Six months later his stammer had vanished completely, and he was given a final discharge as he was about to leave school. A school visit confirmed the fact that the stammering had ceased. A month or so later Ernest visited the speech clinic with a note from his headmaster. His speech and manner showed every confidence. Said he was now in the decorating business with his uncle. Both the school and home had encouraged Ernest in his drawing and painting : his father apparently having considerable artistic ability.

STAMMERER.

Raymond : aged 14 years 9 months : attending Technical School. First admitted to speech clinic for a stammer at 8 years of age—then treatment lapsed. Mother had died three years previously. On readmission the boy was stammering very badly and this was accompanied by spasm (in which the tongue was protruded) which frequently rendered him completely mute. Appeared very withdrawn. Looked glassy-eyed and stared fixedly at the therapist while attempting to speak. He was referred almost at once to the Child Guidance Clinic for special psychological investigation. Following an interview there, he was given priority admission, but continued to attend the speech clinic at his own wish after special treatment had commenced. (His father gave no co-operation during treatment). Nine months later, the nervous tension was greatly reduced and the eyes had assumed a normal expression. Stated that he was now able to answer questions at the lectures. After a further two months, progress was still maintained—the speech appeared almost fluent, also reading aloud : (told the therapist that he had read a whole page of Shakespeare aloud in class at school without stammering). Two months later he completed his treatment with the Child Guidance Clinic prior to leaving the Technical School where he had been studying engineering.

IDIOGLOSSIA.

George : aged 8 years. When admitted to speech clinic was substituting 'k' for most of the consonant sounds. Speech was unintelligible. Boy had a squint in the left eye (wearing glasses). Backward reader. Suffering a good deal from catarrh, sore throats and colds. Referred for medical examination. Seen by specialist and found to be suffering from an inflammatory condition of the middle ear which was accompanied by some degree of deafness. Under treatment, the inflammatory condition cleared up although some slight degree of deafness remained. After the boy had been attending the speech clinic for five months his speech defect began to show signs of clearing up. At the end of nearly two years' treatment the boy was speaking clearly and was given a provisional discharge. His attendance throughout had been regular and his co-operation good. A school visit four months later showed that clear speech was now well established. During the time that he had been unable to converse freely at school, the boy had shown marked ability for clay-modelling, but when the speech difficulty cleared up he lost most of his former skill (this was reported by his headmaster).

## Special Investigation Clinic.

During the past twelve months the scope of the Special Investigation Clinic has increased and has embraced problems other than those of respiratory disorders. In spite of this extension it is still possible to devote considerable time to the study of the difficulties of individual children. No more, and frequently less, than twelve children are invited each week ; not more than four of these being new patients. Thus time is available for a comprehensive diagnostic consultation. The consent of the general practitioner is obtained before the child is invited and a report is sent after the consultation.

Facilities for certain simple investigations are available on the premises and more detailed examination is done at Hope Hospital by arrangement with the laboratory and X-ray departments. When long term investigation is necessary, children are transferred to the Paediatric Out-Patient Clinic at Hope Hospital, or, occasionally, are admitted to the wards. These steps are taken, for example, with cases of suspected bronchiectasis, primary tuberculosis, problems of growth and in difficult cases of enuresis.

In this way many of the facilities of the Hospital Service are brought to the child at the clinic and on many occasions mother and child are spared a visit to hospital. More time can be devoted to each case than is usual in a hospital clinic, the consultation being held in complete privacy and waiting time cut to the minimum. These advantages are particularly useful when dealing with emotional problems or disorders with a background of anxiety.

It will be noticed that the majority of children attending are suffering from respiratory disorders. Close co-operation with the Ear, Nose and Throat Clinic and the Chest Clinic makes the management of these children simpler than it otherwise would be. The impression remains that social and climatic conditions in Salford are directly responsible for much of this illness and apart from the solution of the housing and smoke problem it would seem that by providing a regular annual holiday in the country or by the sea for those children whose parents cannot afford such things, the physique of these children would be significantly improved.

One lucky child who had attended the clinic with asthma was taken by a Swiss family to live in the country in Northern Switzerland. She spent eight months in Switzerland and received only treatment such as she had from the clinic in Salford. During her stay she gained 20 lbs. in weight and had no asthma since she left England. She returned to Salford in December, 1951, and has had no further asthma. This does not necessarily mean that such improvement can only be found in the Swiss climate ! Close co-operation with the School Medical Officers ensures that the best use is made of the Open Air School facilities for handicapped and delicate children. The benefit is so obvious that it would seem wise to extend the facilities for treatment at the Open Air School so that children may be discharged from hospital earlier and might continue simple rehabilitation in more normal circumstances.

## Report of the Work of the Special Class for Partially Deaf Children, Regent Road School.

The latest equipment acquired during the year by the special class for partially deaf children at Regent Road School, is a wire recording machine, which has been of invaluable use for the correction of speech faults, as well as causing great fun among the children.

Mr. Arthur Tordoff, instructor of the class, uses it to record the children's voices about every two months, and there is usually keen interest as well as utter amazement when they hear the sound of their own voices !

Since this class was opened in 1948 (for a maximum of ten children at a time) " hard-of-hearing " children have been brought to normal school standard, and children who were, for example, four years " behind " have been " coached " to normal in about 18 months to two years. Once the deafness has been realised then it is just a matter of patience, energy and hard work on the part of the teacher and pupil alike. There are so many supplementary causes of deafness, such as general health, which can include poor nutrition, poor clothing, susceptibility to colds and catarrh, home conditions, insecurity in the family, atmosphere in the home life of the child, mental outlook, frustration, introversion and many other hidden causes, which, combining with a genuine loss of hearing, affect children in a variety of ways. There is also " assumed " deafness, as in the case of a boy who had pretended to be deaf and acquired a " vacant " expression to cover up his constant pranks.

In a large class at an ordinary school slight deafness in a child could be passed off as definite educational subnormality, and thus he would sink lower and lower into the mire of despondency, until he becomes morose and apathetic. There is a warning here, too, for parents, who at the suggestion of a slight defect in their children look askance at the idea with the retort : " My child in a special class—never ! "

The teaching of lip-reading is an essential part of this special class, and a touching story is told of the " superiority " of a deaf child over a normal one. At a performance of a school play two girls carried on a conversation across the hall, without a sound being uttered, much to the wonder and amazement of their fellow pupils !

Yet there are other not-so-happy cases. Take Betty, who had spent most of her early life in hospital, and as a result was several years behind her age both in knowledge and in intelligence. It seems pathetic that this smartly-dressed adolescent, whose chief pride is her nylon stockings, should delight

in jumping through a skipping rope with children half her age ! True, she has learnt to lip-read efficiently, but her constant absence through illness keeps her always below standard.

Then there was John—a " case " shrouded in mystery. His mother had deserted him, he had got into bad company, became a regular " bad lad " and finally came up before the city magistrates on charges of stealing. When he came into the special class he was on probation. But there is a happy ending to this story. John, who now feels he is cared for by somebody, is taking a keen interest in his lessons, and, as regards his probation, he has become a " regular *good* lad."

In addition to lessons the usual visits to museums and other places of interest have been arranged, and for their summer outing Mr. Tordoff took the children in his shooting brake to Birkdale.

Even though the children may never recover completely from their defect, they are no longer handicapped, and they have regained their happiness and self-confidence.

## Hope Hospital School.

This has been a very busy year as, in addition to the usual number of " short term " cases, there have been many children in hospital for several months receiving orthopaedic treatment, and also a number of cases of tubercular meningitis. The latter have needed a great deal of very special attention owing to the fact that the majority of them have suffered from deafness.

With the improvement of drugs and treatment, cases of chorea and rheumatism are of much shorter duration now than formerly, and the incidence of rheumatism in particular has been comparatively rare.

Every effort is made to keep those children who are in hospital for long periods in touch with the outside world, and the new invalid carriage acquired in the spring has been a great boon.

There have also been a number of " school visits " during the year. Small parties of children have been taken to the Library Theatre to see " Beauty and the Beast," to the Festival Circus at the Opera House, to the provincial Festival of Britain Exhibition, and to Eccles Parish Church, for a lecture on architecture.

During Education Week, an exhibition of school work was held at the hospital, and an " open " afternoon at Cleveland House, in both of which the parents took great interest.

## Spastic Class.

In December, 1950, the spastic class moved from Hope Hospital to quarters in Cleveland House, the new Child Welfare Centre, and this has been a very great improvement.

The classroom is large and airy and the children have benefited greatly by being able to move about more freely and easily. The garden, too, has been a great joy during the summer months, and the children were able to spend a good deal of time out of doors.

Owing to the more adequate accommodation the number in class has been increased, and the school dinner and mid-day rest have had very beneficial results on all the children.

Special furniture has been provided for the more seriously handicapped pupils, and this has helped greatly with posture and control. Most of the children are now in the infant age range, several of the older boys and girls having improved sufficiently to take their place in the normal school.

Here are some progress reports of children who have received special training in this class :—

1. (5 years of age). On entry "A" was very tearful and sobbed intermittently for a day or two then began to settle down and be friendly with the other children. He was unable to walk more than three steps unaided. His speech was poor and uncultured, and his handling of sense-training material clumsy. At meal-times he used a fork but not a knife. By the end of the year he had settled down happily and was able to walk alone though with lurching gait. He enjoys school activities, and his mother reports improved behaviour at home and absence of tantrums. He has attended the eye clinic and now wears spectacles. He handles sense training apparatus more accurately and nimbly, and can write own name. He knows letter sounds, can recognise and write numbers up to 7. At meal-times he is able to use knife and fork without difficulty and his diction and vocabulary have improved. He delights in being able to help more handicapped pupils.

2. (7 years of age). On returning to school after the Christmas holiday " B " was not well, but his health, height and weight have improved. Unfortunately his stammer has persisted. He has made considerable educational progress—from wordmatching exercises to reading at a 7-years level. Progress has also been made in writing and in number. He enjoys art and handwork, especially if the use of a needle is involved. His mobility has increased from being able to get around by holding on to furniture to being able to walk unaided, though with a staggering gait, round Cleveland House garden, without needing to pause for rest.

3. (12 years of age). In the early part of the year " C " began to show increased progress and during the year gained such self-confidence that it was possible, in view of his physical rehabilitation to consider his transfer to an ordinary school. In particular his reading became well established and despite set-backs due to indifferent health his writing became more accurate and more speedy. Whilst his number work is still considerably behind that normal for his age level, good progress was made. He is now completely independent in matters relating to washing, dressing, and feeding, and his gait is not unduly conspicuous, although one arm is useless and shows wasting. During the past year he has learnt to use scissors well, and is now able to make more sustained efforts in any handling process. This boy has now returned to his ordinary school.

## Home Teaching.

There have been several changes in the Home Teaching Scheme during 1951. Two pupils reached their sixteenth birthday and were replaced by younger children. Miss Hall resigned in August and Mrs. Plunkett, a teacher from one of the special classes, took her place. As there was a waiting list of three pupils by September, it was decided to appoint a second part-time Home Teacher for them. Mrs. Seaman visited them during morning periods each week from September to December but unfortunately she had to leave Salford at the end of the term. Her departure coincided with the transfer

of two of her pupils into schools, one to the Biddulph Residential School and the other to the Spastic Group at Cleveland House. Her third pupil has now been absorbed into Mrs. Plunkett's group, and as there are no pupils on the waiting list, a second Home Teacher will not be appointed until the need arises.

The progress of the pupils in this scheme varies not only with their abilities, but with the amount of co-operation and help given by parents on days when the Home Teacher does not visit. Where pupils are capable of work on the three Rs, this forms the greater part of their studies, but there are some pupils who make little progress in academic work. The Home Teacher has to be ready to develop any interests which the weaker children show, and very easy occupations with handwork materials are all that some pupils can manage. The better pupils make rapid progress, particularly where parents take an interest in the work, and if their physical disabilities improve sufficiently they could be admitted into normal school groups.

The teacher continues to take a keen interest in this special work and in spite of difficult working conditions, and unorthodox methods of teaching which have to be adopted, the results show that, in most cases, their work is really worth while.

**Claremont Open Air School.**

This school, opened in September, provides accommodation for 150 delicate children and a small class of partially sighted children. Thus the long waiting lists for open air school education have been cut to a minimum, with obvious beneficial results.

The school is pleasantly situated in an elevated part of Salford and adjoins one of the city's parks.

All classrooms have sliding, folding windows on two sides and glazed folding doors at one end, which overlook the playground and provide access to an enclosed grass plot which is used for instruction purposes in good weather.

There are separate dressing rooms with shower cubicles for boys and girls, and a drying room is provided for the quick drying of wet outdoor garments.

A medical inspection—physiotherapy suite, including a waiting room for parents is incorporated in the building, and is used daily either by the assistant school medical officer, the physiotherapist, or the school health visitor.

## Barr Hill Open Air School.

Salford children have been receiving special educational treatment at Barr Hill for almost thirty years.

Children with such handicaps as asthma, bronchitis, malnutrition, anæmia and crippling defects have, after a period of months, been fitted to return to their places in ordinary school.

Emphasis is placed on the value to health of fresh air, adequate rest and good food. Breakfast and tea are prepared on the premises ; dinner comes from a central canteen.

Lessons and playtime are spent in the open air wherever possible, and the children make good use of the playing fields at the back of the school.

The children are generally well-covered, but a war-time gift from America, consisting of long trousers, thick coats and siren suits, helps to keep out the cold in winter.

The majority of the children attending this school, and the Claremont Open Air School, are transported to and from their homes by school bus.

## Care of the Diabetic Child.

There are six diabetic children in Salford—three boys and three girls—all of whom live happily at home. They or their parents are trained to administer insulin, to adhere to a special diet, and to carry out simple tests of urine, so that the disease may be carefully controlled. The children are under the regular supervision of hospital out-patient departments, and periodically attend the school clinic for observation. They lead an almost ordinary life, taking part in the usual school activities, such as games, dancing and swimming.

The 30-year-old discovery of insulin means that these children, who otherwise would have died, can, with care, live a full and useful adult life.

Occasionally and for various reasons, residential care may be necessary, but even here emphasis is placed on establishing the child's independence, so as to fit him to take his proper place in the world.

## The Care of the Rheumatic Child.

Acute rheumatism in childhood can impair physical health, cause loss of education, years of physical incapacity and perhaps death relatively early in adult life. Close on 100 per cent. of deaths from heart disease before the age of 40 are a consequence of rheumatic carditis. It can clearly be seen then that our children must be protected against recurring attacks of this serious infection.

Better health education of parents, teachers and public health personnel will tend to ensure the early discovery of rheumatic children. Teachers, particularly, are in a good position to report signs of nervous instability and vague ill-health which often precede more definite evidence of rheumatic infection. Factors in the prevention of the onset of rheumatism have been listed as : smoke abatement, fresh air and sunshine, adequate nutrition, suitable clothing, sound footgear, skin cleanliness, adequate rest, regular exercise, and dental attention. It can be seen, from this, that concentrated and comprehensive measures of attack are necessary.

Notification of the disease is essential to any effort which attempts to deal with rheumatic fever. Since the 1950 Acute Rheumatism regulations came into force, 37 Salford cases have been notified. Twenty-one of these are children who were already known to be suffering from rheumatism and who were on the handicapped children's register. The remaining sixteen have been notified by general practitioners and hospital medical officers. All notified cases are referred to the pædiatrician for investigation and consequent observation.

Recovery from rheumatic fever is a story of gradual progress from bed through various stages until return to normal school life. If the child is only slightly incapacitated it may be sufficient merely to make minor adjustments in the normal school routine, such as special rest periods or transport to and from school. The child can be taught to avoid close contact with sufferers from colds or sore throats, and be instructed in the methods of prophylaxis against chills and getting wet. Provision can be made for additional milk and nourishment. For the home-bound child, educational instruction may be given by a home teacher.

Wherever possible it is desirable that the child leads a normal life with exercise and games. He should enjoy the activities of childhood in preparation for a useful adult life.

## Educationally Sub-normal Children.

The establishment of three special classes for educationally subnormal pupils at Broomedge School has done much to bridge the gap caused by the inadequate provision of education suitable for this type of handicapped child.

> Today, " the category of educationally subnormal extends over a wide range of mental ability, from the child who only needs some special help in ordinary school to the lower limit of those who can gain benefit from education in a special school. The emphasis has now shifted from certifying a child as ' mentally defective ' (a term now confined to children who are ineducable at school) to discovering what is best for the child of subnormality, and trying to provide this for him."

During the year intelligence tests were given to 198 children, 46 of whom were considered suitable to continue their education in ordinary schools. Of the rest, 45 were recommended admission to a special class, 43 for admission to a day special school and 29 to be notified to the local authority as ineducable.

## Part-time Employment of School Children.

Of 451 children examined and found fit to follow part-time employment out of school hours, 435 wanted to deliver newspapers and the others became paid errand boys.

## Child Guidance Clinic.

1951 was a very disturbed year owing to changes in clinic staff. It began just after Dr. Hughes' sudden death in December, 1950. She had been Medical Director of the clinic practically since it was opened in 1941 and is very much missed in Salford. Many of her old patients and their parents have expressed this and their gratitude to her for what she did for them.

Dr. Dale, Mrs. Lewinsky and Mrs. Eysymont left to take up appointments elsewhere.

Up to Easter, Dr. Burbury and Dr. Wilde gave some psychiatric help but it was not until September that Dr. Model took up his appointment as Medical Director and the clinic was able to function fully.

Miss Bradshaw began her service as Educational Psychologist as Mrs. Eysymont's successor in January, 1952, so once more there is a full team.

In spite of these difficulties 137 children have been dealt with in the clinic, 52 of whom had a full examination by Psychiatrist, Psychologist and Psychiatric Social Worker. The total number of interviews in the clinic was 1,274, and there were over 230 home and school visits.

In the autumn two students from the Mental Health Course at Manchester University gained first hand experience in the clinic, and they will complete their training in Child Guidance there. Visits were also paid to the clinic by students in training in the Department of Education, Manchester University.

The clinic is called upon for help by various members of the community. It is a healthy sign that many parents ask for this help themselves.

In the clinic an assessment is made, as far as it is possible, of how far a child's difficulties are due to social, emotional or intellectual factors. The method of treatment is called " play therapy " ; a child is usually unable to put his difficulties into words, whereas in his play he often shows problems of which he may not be aware himself or cannot express in words. To give an example, a child may play with different dolls, each of which represents a member of his family, or each doll may represent part of his own personality. In the same way an older child shows his personality in what he chooses to do during his treatment session. The information which the child thus gives us has to be supplemented by what the parents or teachers report about the child's behaviour at home and at school and by what we learn of the parents' reaction to this behaviour.

## Report of the Organisers of Physical Education.

A review of the many activities taking place under the heading of Physical Education during the twelve months ended on 31st December, 1951, shows that the standards already achieved have been maintained and that in most branches a steady, though unspectacular, improvement has been brought about.

The outstanding educational event in Salford during the past year was undoubtedly Education Week, held in March, 1951. The majority of schools included some form of physical activity in their programmes of special events during that week, and the demonstrations given proved an excellent stimulus to the subject. In addition, four Open Afternoons were arranged at the City Baths in which several schools combined to show various aspects of swimming, and the Salford Schools' Sports Federation arranged a Rally demonstrating the work of the various sections of the Organisation.

Following the pattern of previous reports, the various activities which go to make up physical education are reviewed in the following order :—

(*a*) Physical training (including clothing and equipment).
(*b*) Organised games and out-of-school activities.
(*c*) Dancing.
(*d*) Swimming.
(*e*) Work in Youth Clubs.

(*a*) Physical Training.

The daily physical training period forms part of the curriculum in all schools with the exception of Infants' Departments where the greater need for physical movement necessitates that both a morning and an afternoon period are given to the subject daily.

The work continues to be hampered by lack of indoor accommodation and the position worsened during 1951. This is due to the post-war increase in the birth rate which is reflected in an increased school attendance so that some halls previously available for indoor physical training have now to be used for one or more classes in general subjects.

In many schools there has been a change from the more formal type of lesson to that in which the children are given the opportunity to practise individual skills, and to experiment in movement. This results in the children being more versatile in movement. They develop greater control and enjoy a very real sense of achievement. The full use of apparatus both large and small is giving more enjoyment to both teacher and taught.

During 1951, eleven further Infants' and Junior Departments have been provided with some form of large apparatus which in the main provides the opportunities for climbing, hanging and swinging which are so characteristic of the work which children in this age-group enjoy and profit from.

In Senior and All-Standard Schools, nine further departments have received some large portable apparatus, and one Senior Department a fixed and portable apparatus. It is emphasised that it is impossible to make very much more progress in providing apparatus of this type for many schools within these age groupings, since there is little available space in some schools for using and storing it. It is obvious that in these cases, progress can only be made by the provision of new buildings.

The supply of small physical training apparatus to all departments has been maintained and an allocation of plimsolls has also been sent to every department in the City.

The removal of top garments continues but varies considerably from school to school. In the departments where this is not good, opposition comes mainly from parents, not children.

(*b*) Organised Games and Out-of-School Activities.

This section of the work maintains a steady interest throughout the schools, reflected in the increasing number of schools taking part in the various competitions promoted by the Salford Schools' Sports Federation as out-of-school activities.

The skills peculiar to the various games which are taught in the weekly organised games period are reflected in the improved standard of play in the inter-schools competitions.

Full use is made of all facilities provided by both the Education Committee and the Parks Committee. The Weaste and Ordsall areas still lack an adequate number of pitches and progress on the Northumberland Street site in Broughton, which is scheduled for girls' games, is very slow and the playing field still unfinished.

The Salford Schools' Sports Federation, which caters for out-of-school activities, reports a year's work of steady progress. The activities represent much solid work and purposeful endeavour, in encouraging coaching and a better standard of performance, a good spirit of sportsmanship and a higher ideal of the purpose of games.

The activities of the Sports Federation include Football (Rugby and Association) and Cricket for boys, Netball and Rounders for girls, and Swimming and Athletics for both sexes.

The Organisers of Physical Education once again would like to express their very sincere appreciation and thanks to the many teachers who so willingly give of their leisure time in controlling and coaching the many activities of the Association.

The results in the following activities of the Federation should have some mention :—

Association Football.

Fifty-four schools took part. The City Team reached the Fourth Round of the English Schools' Football Association Trophy Competition, and the Semi-Final of the Lancashire Schools' Shield Competition in which they were beaten by Manchester. The Salford Association also staged an Inter-County Match between Lancashire and Northumberland.

Cricket.

Two Salford boys were included in two County Holiday Tours and one boy was selected for the North of England (Schools) Team.

Netball.

There was a very successful season, the standard of play showing a marked improvement. In the Lancashire Schools' Netball League the City Netball Team were undefeated in all games and were only beaten by Manchester in the Final, very narrowly. For the first time the Lancashire Schools' Finals and All-in Tournament were staged in Salford. Two out of the three women teachers who sat for the "A" Umpires' Certificates (Part I) were successful in passing.

ROUNDERS.

The Rounders' Section of the Salford Schools' Sports Federation came into being during 1951. Sixteen schools took part in non-competitive rallies, and league competitions, the finals of which showed a surprisingly high standard of play.

ATHLETICS.

Two afternoons and one evening were devoted to Inter-Schools Sports. This year an innovation in the competitions was made by the introduction of Putting the Shot and Throwing the Javelin in the Senior age-group events.

EDUCATION WEEK.

A rally was staged to show the public some of the work done by the Football (Rugby and Association) and Netball Sections. In spite of bad weather, the many spectators were much impressed by the high standard of play and the excellent sporting spirit displayed by the boys and girls.

(*c*) DANCING.

This continues to form part of the curriculum in Infants' Departments and schools where there are girls. It is also taken successfully in one or two All-Standard Mixed Schools for mixed classes.

(*d*) SWIMMING.

Some extension of the work in this field has been possible since the Baths Committee have been able to extend the facilities for school children.

During the summer months, provision was made for 166 classes of 30 children and 16 classes of 20 children under eight instructors (four men and four women). In the first four months of 1951, provision was made for 62 classes to attend under three instructors (one man and two women). For the last four months of 1951, there was an increase in the winter swimming facilities available, the Regent Road and Blackfriars Road Baths being open for the first time for winter bathing, so it was possible to arrange for 89 classes under six instructors (two full-time and four part-time).

The standard of performance in swimming continues to improve each year.

Of the certificates given by the Education Committee, the following awards were made :—

| | |
|---|---|
| Third Class Certificate ... ... ... ... ... ... ... ... One length breast stroke. | 934 |
| Second Class Certificate ... ... ... ... ... ... ... Two lengths breast stroke. | 837 |
| First Class Certificates ... ... ... ... ... ... ... ... Two lengths breast stroke. Two lengths back stroke. | 576 |
| Advanced ... ... ... ... ... ... ... ... ... ... Diving, crawl (front and back). Breast and back stroke. | 28 |
| Total number of Certificates awarded ... ... ... ... | 2,375 |

The Baths Committee awarded 934 free season tickets to the children who gained the Third Class Swimming Certificate.

Twelve Medals were awarded by the Humane Society for the Hundred of Salford, four being allocated to girls and eight to boys, and 150 children were examined for these awards.

Awards gained by the children in the Royal Life Saving Society again show a marked increase. During 1950, 477 awards were made, an increase of 177 on the previous year.

During 1951, 621 awards were made, being a further increase of 144 awards.

The awards gained were as follows :—

| | |
|---|---|
| Elementary Certificate ... ... ... ... ... | 263 |
| Intermediate Certificate... ... ... ... ... | 190 |
| Bronze Medallion ... ... ... ... ... ... | 129 |
| Bar to Bronze Medallion ... ... ... ... | 31 |
| Unigrip Certificate ... ... ... ... ... | 6 |
| Scholar Instructors' Certificate ... ... ... | 2 |

The Education Committee has provided an incentive to children to become proficient in Life Saving since they decided to present the official costume badges of the Royal Life Saving Society to all children qualifying for the Bronze Medallion of that Society.

One outstanding event during the year was the Festival Swimming Gala promoted by the Baths Committee, in which the Salford school children provided the major part of the programme. The high standard of swimming by the boys and girls received very favourable comments from those present.

(*e*) Work in Youth Clubs.

In the majority of Youth Clubs affiliated to the Authority, physical activity forms an important item in the work of these Clubs. In all of the many physical activities undertaken development has taken place.

In Indoor Activities there has been a steady development of physical activities during the past twelve months in all phases of indoor physical activities. Sixteen clubs provide facilities of this kind.

In Outdoor Activities substantial progress has been made and there has been an increased interest particularly in Girls' Netball, Girls' Rounders, Athletics, Rugby Football, and Club Holidays, sixteen clubs taking part.

Two Netball courses for girls and a Basketball course for boys were successfully arranged and well attended.

In Rounders the Girls' and Mixed Teams representing Salford in the Lancashire Rounders League Youth Rally did very well since they both won the Finals of their respective sections, this being the first time they had competed.

The Netball League has also done well, it now being necessary to run two sections of the League instead of one. In addition, the team representing Salford during the Stockport Youth Week were the winners of this competition.

A very successful Youth Sports Meeting was held on the Crescent Athletic Site, an increasing number of Clubs taking part and 11 records were broken. Representatives of the Ministry of Education who were present expressed their appreciation and approval of the improved standards of performance at this meeting.

**Physiotherapy Department.**

Physiotherapy has a great contribution to make in child health both for the normal and handicapped child. The emphasis now is on activity and happy exercises, not on passive massage. The help of the parent is all-important so that she can be told the " how and why " of treatment, and all the ways she can help at home by seeing that the exercises are practised there.

We also try to fit in with the school arrangements so that many children receive treatment after school hours on Saturday mornings. We try to lessen the distances the children have to travel, and as far as possible bring the treatment to the child in his school, rather than make him go to a clinic. The orthopædic specialist, Mr. D. D. Cranna, holds a weekly session at the Regent Road Clinic, which is also attended by a technician who adjusts surgical appliances, and gives advice on alteration of shoes.

A new and happy feature of the service has been the closer co-operation with the Children's Specialists, since the children suffering from bronchiectasis are given postural drainage and breathing exercises.

ASTHMA.

The majority of children with asthma now attend one or other of the two open-air schools. They improve considerably with the exercises and the open-air school care, but the majority of the mothers will not make the effort to attend the school occasionally and watch the children do the exercises so that they may be practised daily at home.

Special waxed containers have been provided for use with postural drainage, and these are burnt after use to remove the source of infection from the sputum.

Breathing exercises are used for children after *tonsil and adenoid* operations. We consider that the small muscles round the nose and mouth become atrophied due to the open mouth breathing, and in these classes special attention is paid to lip and nose exercises to restore muscle tone and to remove the open-mouthed vacant expression often seen prior to operation. All children are invited for exercises after operation and are again seen by the specialist after a course of exercises.

CLEVELAND HOUSE.

Progress, though slow, is being maintained amongst these children suffering from cerebral palsy. The value of a routine school life combined with physiotherapy helps the child not only physically but mentally and emotionally. The school has been open in the new surroundings just a year, and by co-operating with the teaching staff treatment time and exercise time are made to fit into a working pattern very much to the child's benefit. Unfortunately during the school holidays the majority of parents do not co-operate by bringing the child to the nearest clinic for treatment, and a very definite sliding back is noticed after these weeks, so that at the beginning of each term much

valuable time is lost in retaining lost ground. At the beginning of each term the orthopaedic surgeon gives each child a thorough examination at which the parents are invited to be present. The surgeon then decides whether any surgical treatment or splinting is required, and the parent is given a full account of the child's attainments and can ask advice on any points which may be causing worry.

Claremont Open-air School.

Since September when the school commenced a physiotherapist has visited the school twice weekly to give treatment. A special bed for postural drainage has been supplied and after draining, breathing exercises are given. As more physiotherapists are available, daily physiotherapy will be given. There are now six children with asthma having breathing exercises. Within the next few weeks it is hoped that sunlight treatment may also be given at the school so as to spare the child the additional fatigue and loss of school time spent in going to and from a sunlight clinic.

Sunlight Clinics.

There has been a drop in the number of sunlight treatments this year. This can partly be explained by the fact that some medical officers are using breathing exercises instead of sunlight in the treatment of chest conditions. Another contributory factor is that since a school medical officer has a regular physiotherapy clinic, non-attenders, and children who have completed the sunlight course, are seen much sooner, and a quicker turnover is obtained.

## Convalescence.

During the past year 119 schoolchildren in need of convalescence have spent four or more weeks by the sea or in the country away from the smoke-polluted air of Salford, from the narrow streets and overcrowded conditions, in which a large part of the population live.

The staff of Invalid Children's Aid Association were most co-operative in selecting the most suitable homes for the cases referred to them. Most of the children were sent away for four weeks, but in a number of cases some had to be away as long as 10, 12 or even 16 weeks.

*Taxal Edge Convalescence Home*, which caters for boys between the ages of 9 and 14, and which received 22 of the Salford children, report that " all types of boys enjoy their stay at the Home, but owing to the hilly nature of the country around we cannot take heart cases or boys who cannot join in the fairly active life they lead " here. To our surprise we have found that the Home is very suitable for asthmatic cases and think that this is perhaps because of the way in which the matron herself treats the boys. She keeps a careful watch on their diet, and, of course, they are not encouraged to think very much about their ailments. In addition to the warden here, who takes a keen interest in the boys, there is a social worker who is responsible for their outings and all their activities. There is no education at the Home, and this is something which we may have to consider in the future, although it would perhaps mean turning the Home into one for long stay cases. At the moment we think that the short-term Home is most needed. The boys at Taxal Edge are encouraged to " lend a hand " with the washing-up, bed making, serving, or for the more rustic types, helping in the garden or taking a turn with the hens. This will undoubtedly have the psychological effect of " making the boys feel *useful*."

It will generally be agreed that money spent on convalescence for Salford children is " money well spent." Take the case of 13-year-old Mary who had a constant cough and whose eyes had lost their sparkle due to a succession of sleepless nights. Her colour was leaden, she had no energy, and when first went away to the Home she was kept in bed for a week. At the end of four weeks her appetite improved, the roses returned to her cheeks, and she put on weight. She was glad to get home—her one-up, one-down dwelling—instead of, for " be it so humble " it was still home, and the sight of her mother brought that final lustre to her eyes.

Mary's case is just typical of the many cases of Salford children in need of recuperative treatment in fresher surroundings, to whom the smell of new-mown hay or the sniff of the salt sea air is unknown.

Yet there are other not-so-simple cases, where children are sent away for mental rather than physical recuperation. Seven-year-old Jean was the illegitimate child of a Salford mother and an American coloured soldier. Perhaps from a sense of guilt, the mother had an over-protective attitude towards her little girl, who always seemed to be catching one infectious illness after another, and developed bronchitis a week after she had been admitted to a day nursery. She had enuresis, which occurred day and night.

It is hardly to be wondered at that a child brought into a world under a handicap should be a psychological " case " living a life of insecurity and in need of a change for both body and soul.

It was some time before Jean's mother would consent to her child's being taken away for convalescence. Now the youngster is finally " having the break " and her trouble is beginning to clear up.

### Jewish Fresh Air Home and School.

" Child of the town and bustling street
What woes and ills await thy feet !
And thou art cabined and confined
At once from sun and dew and wind ;
Fly from the town, sweet child ; for health
Is happiness and strength and wealth."

Several delicate Salford children between the ages of 6 and 12, in need of open-air treatment, carefully-planned daily routine and skilled care, have been away during the year to the Jewish Fresh Air Home and School at Delamere. They have benefitted from the pleasant surroundings, suitable education and treatment, and have been restored to their homes in health.

Many structural alterations and additions have been carried out in recent years at " Delamere," making the Home even more pleasant for the children, but this, of course, is a great drain on the funds, 40 per cent. of which come from voluntary sources.

The success of the Home springs chiefly from the fact that it has been developed along the lines of a large and happy family.

**Salford Poor Children's Holiday Camp, Prestatyn.**

During the year four groups of handicapped children enjoyed a week's holiday at this camp in pleasant surroundings and close to the sea.

Thus 240 handicapped children, making up the annual party of over 1,000 Salford children were given a holiday which they would otherwise be unable to afford.

There were visits to the nearby town, beach play, supervised bathing expeditions, and all the activities which make holidays so pleasant.

**Sanitary Conditions in Schools.**

Just as the arrival of a visitor encourages the " tickling-up " which must be done in a house, so the arrival of the sanitary inspector encourages—to a certain amount—the real cleaning which must be done, in the school as well as in the home. This does not apply to all schools and homes, but to those which have a particularly difficult job in " keeping up to scratch."

" Constant vigilance " is the keynote of the sanitary inspector's work, and there is no substitute for his *personal*, *regular* visits. He performs an essential part of our health service, looking after the environment of the individual from the cradle to the grave (and sometimes beyond). He is especially interested in school buildings, in which children pass so much of their time.

During the year the work of improvement has been carried on. Most schools can now boast decent sanitary conveniences and washing facilities, although there are still two schools with trough closets.

Outbreaks of food poisoning are diminishing due to constant routine checks on kitchens, utensils, and storage facilities. The work of the Food Inspector in his regular inspection of meat and other foods ensures that satisfactory hygienic standards are maintained. In addition there is the annual spraying of premises with D.D.T.

Post-war and economic difficulties, as far as patched-up schools with out-dated accommodation are concerned, also have their affect on the work of the sanitary inspector.

**Mothercraft in Schools.**

When asked by her teacher what she wanted to be when she grew up an 8-year-old girl said she " wanted to be a mummy." Now at the age of 19, the girl still wants to be a " mummy " and has just completed a high-grade course in domestic science.

This is typical of many young schoolgirls with domestic inclinations who would benefit by a simple home- and mother-craft training, and in most of the Salford schools a basic domestic science programme is included in the curriculum. Thus the foundations of the most important career of all—marriage—are laid, and a way is prepared for better home keeping and better health.

One Salford school has its own self-contained flat—the latest method of practical housecraft teaching. The envy of any homeless couple, the flat is the only one to be set up in a Salford school. It is " manned " by the "14s"

and "15s," who in groups of four as "housekeeper," "cook," "assistant cook" and "housemaid," run and live in the flat itself. Morning coffee and afternoon teas are served, and each lunch-time a complete dinner is served to which two guests (staff or girls) are invited. There is at least one tricky business—the careful preparing of the menus and the balancing of a suitable diet.

This encourages young people to take a keen interest in the home and family, producing long-term, worth-while results. A sensible homecraft training makes for a happy and healthy family, will appeal to the average person, and not allow her to neglect her children.

## School Meals Service.

With no easing of the building situation in relation to the provision of new school canteens the year 1951 has been one of consolidating the position reached after some years of rather rapid expansion.

It has been possible to effect minor schemes of improvement at a number of canteens and dining centres on school premises and to prepare a major scheme of improvement for the Bowker Street Central Kitchen as a first step on the road to the closure of the Albion Street Central Kitchen.

During the year one new dining centre was opened for the Nursery Class at Regent Road Infants' School and a breakfast and tea service commenced at Claremont School Canteen for the children attending Claremont Open-air School.

The average number of meals provided daily is as follows :—

| | |
|---|---|
| Dinners ... ... ... ... ... ... ... ... | 12,000 |
| Breakfasts ... ... ... ... ... ... ... | 330 |
| Morning snacks (Nursery Schools) ... ... | 190 |
| Teas ... ... ... ... ... ... ... ... | 370 |

The annual total of all meals served is approximately 2,750,000.

The Education Committee continue to utilise the services of a Food Inspector for regular examination of food supplies, particularly the supplies of meat.

The external appearance of school canteens has not been overlooked and during the year a start has been made with the provision of soil and broken stone so that the canteen grounds can be made into attractive school gardens, modest expenditure on this having been approved by the Ministry of Education.

As a result of the national review, the charge to parents for school dinners supplied to their children has been increased to 7d. except for Nursery and Day Special Schools where the maximum charge remains at 6d.

The School Meals Service has had, in common with most other services, to face the problem of rising costs in wages, foodstuffs, and maintenance of premises, and since the cost of the service, subject to certain limitations, is met in full by the Ministry of Education only up to an approved maximum there is at all times a keen examination of expenditure both in London and locally. One result of this has been a reduction in hours of work of kitchen staffs.

Most certainly a great deal has been achieved for the benefit of the school child by the provision of school meals. In a service of such magnitude there remain many problems to test the energy and ability of all who desire to see the service become a real part of the education service as a whole. Teachers continue to take a close interest in the service, and without this it could not be so effective or so closely integrated into the school life of the child.

**The Neglected Child of School Age.**

Although sheer laziness on the part of parents may occasionally be the cause of child neglect, there are other contributing factors, such as ill-health or low mentality of parents, financial difficulties or psychological problems. In conjunction with other " helping " bodies, such as the Family Service Unit, the Civic Welfare Department and the National Assistance Board, the Health Visitor does all possible for the family—in the home and in the school. The aims of the Health Visitor are to co-operate with the teaching staff in helping unhappy and neglected children, and especially to influence older, and particularly, adolescent children not to succumb to the disorder and degradation of their homes. This is always an up-hill task, and it must be borne in mind that many parents' standards cannot be improved within any foreseeable time. To give some support to these children outside the home seems to be essential if they are not to follow in their parents' footsteps.

Three methods have been tried so far :—

(1) Personal influence during the course of routine health and cleanliness inspections. Chronic infestation with head lice is a sign of persistent neglect. Some of the children are generally dirty and ragged. To teach them to take an interest in their personal appearance is a way of building up their self-respect, often sadly lacking.

(2) Group teaching in the subjects of health, hygiene, mothercraft and home-making.

(3) Social contact on special occasions, *e.g.*, school concerts, Education Week, etc.

Take the case of family "A"—a mother and nine children—who live in a terraced house in a Salford slum, which contains one living room and two bedrooms. Because of the low intelligence and ill-health of the mother, the frequent ill-health of the father when he was alive and the undisciplined household management, this house became a dirty den of neglected, unkempt children. Owing to the financial difficulty, the children received free meals at school and free clothing from the education authorities. Since the death of the father the house was a little cleaner, all the work being done by the 15-year-old daughter. One of the boys was under the supervision of the probation officer, whilst his elder brother tried in his own way to take the place of the father, but unfortunately using the wrong methods. While a " watch " was kept on the family things improved slightly. A second-hand settee had been bought, some decorating was done, and school attendances had improved. The adolescents in the family were being encouraged to join a youth club.

There is some improvement showing in family " B," where the mother a fat, dirty, garrulous, though pleasant-faced woman, now gets up in the morning with her five children and attempts to habit-train them, whereas previously she allowed the youngest ones to urinate on the floor. Since she was married she had never owned a house or furniture, but had drifted from apartment house to apartment house (never living in more than one room)

and had once been evicted. She had been shiftless, anti-social and uncivilised, had no regular schedule for cleaning or meal-times, and at a mid-day meal the father could be seen cutting chunks of bread from a loaf on a small wooden box, while the children helped themselves to a pot of jam. This family had very little crockery, and *no* cooking utensils. The father later went to prison for refusing to pay maintenance for his family, but after his discharge he disappeared and the police are still looking for him. The children have never had any toys or possessions of their own, which has encouraged them to steal from their mother. They are not physically ill-treated, and are happy-looking children. The answer here seems to be to educate the mother in household management as far as possible.

Family " C "—mother, father and four children (two of whom are in a reform school)—live in a new Council house, where there is no overcrowding. The parents drink heavily, are always in debt, and use bad language constantly. The house is usually dirty and untidy, but when " inspectors " are expected a general " tidy-up " is carried out, and on one occasion new curtains were made—but from stolen material, as it was later discovered. The mother has recently wanted to put the two younger children into a Day Nursery, but this was not supported by the Health Visitor, who thought that the mother ought to be encouraged to stay at home and learn to care for the children herself, and she felt that any extra money earned would be spent on drink and entertainment.

Whilst we are no doubt disgusted at the conditions under which some children are brought—or rather " dragged "—up, we can also see how easy it must be to produce a slum, when there is sickness and poverty in the home, bound up with many psychological factors. We have only to look at the house of an average family when mother is indisposed for a few days to see what a " pigsty " can be made of the place.

Health Visitors have to handle their " client " as they would a fragile plant, taking care not to bruise or break it. They must handle the family problem with the master touch, not creating more trouble, but acting on the good medical principle " if we cannot do any good, don't let us do any harm." They soon learn to differentiate between the people who would make a slum of any dwelling, and those, who with sympathetic help will eventually " make good."

.....

# STATISTICAL TABLES.

## TABLE I.

### Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools, (Including Special Schools).

A.—Periodic Medical Inspections.

| | |
|---|---|
| Number of Inspections in the prescribed Groups— | |
| Entrants | 3,020 |
| Second Age Group | 2,423 |
| Third Age Group | 2,054 |
| Total | 7,497 |
| Number of other Periodic Inspections | 1,063 |
| Grand Total | 8,560 |

B.—Other Inspections.

| | |
|---|---|
| Number of Special Inspections | 6,731 |
| Number of Re-Inspections | 11,814 |
| Total | 18,545 |

C.—Pupils Found to Require Treatment.

Number of Individual Pupils Found at Periodic Medical Inspection to Require Treatment

(excluding Dental Diseases and Infestation with Vermin).

| Group. (1) | For defective vision (excluding squint). (2) | For any of the other conditions recorded in Table IIA. (3) | Total individual pupils. (4) |
|---|---|---|---|
| Entrants | 13 | 439 | 671 |
| Second Age Group | 358 | 302 | 703 |
| Third Age Group | 269 | 224 | 498 |
| Total (prescribed groups) | 640 | 965 | 1,872 |
| Other Periodic Inspections | 3 | 198 | 194 |
| Grand Total | 643 | 1,163 | 2,066 |

## TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1951.

| Defect Code No. | Defect or Disease. | Periodic Inspections. | | Special Inspections. | |
|---|---|---|---|---|---|
| | | Number of Defects. | | Number of Defects. | |
| | | Requiring treatment. | Requiring to be kept under observation but not requiring treatment. | Requiring treatment. | Requiring to be kept under observation but not requiring treatment. |
| | (1) | (2) | (3) | (4) | (5) |
| 4. | Skin .. .. .. .. .. | 130 | 295 | 618 | 225 |
| 5. | Eyes— | | | | |
| | (*a*) Vision .. .. .. | 643 | 51 | 74 | 36 |
| | (*b*) Squint .. .. .. | 84 | 151 | 27 | 22 |
| | (*c*) Other .. .. .. | 64 | 73 | 209 | 106 |
| 6. | Ears— | | | | |
| | (*a*) Hearing.. .. .. | 45 | 135 | 137 | 98 |
| | (*b*) Otitis Media .. | 64 | 166 | 531 | 209 |
| | (*c*) Other .. .. .. | 111 | 165 | 579 | 357 |
| 7. | Nose or Throat .. .. | 204 | 1,586 | 1,387 | 1.584 |
| 8. | Speech .. .. .. .. | 27 | 126 | 49 | 68 |
| 9. | Cervical Glands .. .. | 21 | 743 | 235 | 519 |
| 10. | Heart and Circulation .. | 19 | 266 | 266 | 713 |
| 11. | Lungs .. .. .. .. | 63 | 392 | 543 | 877 |
| 12. | Development— | | | | |
| | (*a*) Hernia .. .. .. | 5 | 33 | 10 | 22 |
| | (*b*) Other .. .. .. | 6 | 86 | 10 | 21 |
| 13. | Orthopaedic— | | | | |
| | (*a*) Posture .. .. .. | 52 | 104 | 40 | 72 |
| | (*b*) Flat Foot .. .. | 40 | 71 | 17 | 21 |
| | (*c*) Other .. .. .. | 142 | 334 | 156 | 139 |
| 14. | Nervous System— | | | | |
| | (*a*) Epilepsy .. .. | 2 | 15 | 5 | 22 |
| | (*b*) Other .. .. .. | 13 | 132 | 125 | 257 |
| 15. | Psychological— | | | | |
| | (*a*) Development .. | 23 | 44 | 10 | 9 |
| | (*b*) Stability .. .. | 6 | 48 | 67 | 73 |
| 16. | Other.. .. .. .. .. | 73 | 131 | 1,074 | 1,806 |

B.—Classification of the General Condition of Pupils Inspected during the Year in Age Groups.

| Age Groups. | No. of Pupils Inspected. | A. (Good). | | B. (Fair). | | C. (Poor). | |
|---|---|---|---|---|---|---|---|
| | | No. | % of Col. 2. | No. | % of Col. 2. | No. | % of Col. 2. |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Entrants .. .. .. .. | 3,020 | 991 | 32·8 | 1,844 | 64·1 | 185 | 6·1 |
| Second Age Group .. .. | 2,423 | 855 | 35·3 | 1,453 | 60·0 | 115 | 4·7 |
| Third Age Group .. .. | 2,054 | 1,043 | 50·8 | 968 | 47·1 | 43 | 2·1 |
| Other Periodic Inspections | 1,063 | 358 | 33·7 | 642 | 60·4 | 63 | 5·9 |
| Total .. .. .. | 8,560 | 3,247 | 37·9 | 4,907 | 57·3 | 406 | 4·8 |

## TABLE III.

Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorised persons .. .. .. .. .. .. 74,857

(ii) Total number of individual pupils examined .. .. .. .. 26,770

(iii) Total number of individual pupils found to be infested .. .. 4,347

## TABLE IV.

Treatment of Pupils Attending Maintained Primary and Secondary Schools.

GROUP 1.—Diseases of the Skin.

| | Number of cases treated or under treatment during the year. | |
|---|---|---|
| | By the Authority. | Otherwise. |
| Ringworm— | | |
| (*a*) Scalp .. .. .. .. .. .. .. .. .. | 28 | .. |
| (*b*) Body .. .. .. .. .. .. .. .. .. | 20 | .. |
| Scabies .. .. .. .. .. .. .. .. .. .. | 56 | .. |
| Impetigo .. .. .. .. .. .. .. .. .. .. | 107 | .. |
| Other skin diseases .. .. .. .. .. .. .. .. | 949 | .. |
| Total .. .. .. .. .. .. | 1,160 | |

## GROUP 2.—Eye Diseases, Defective Vision and Squint.

| | Number of cases dealt with. | |
|---|---|---|
| | By the Authority. | Otherwise. |
| External and other, excluding errors of refraction and squint | 250 | .. |
| Errors of refraction (including squint) | *2,132 | .. |
| Total | 2,382 | |
| Number of pupils for whom spectacles were— | | |
| (*a*) Prescribed | *1,418 | .. |
| (*b*) Obtained | *1,418 | .. |
| Total | 1,418 | |

## GROUP 3.—Diseases and Defects of Ear, Nose and Throat.

| | Number of cases treated. | |
|---|---|---|
| | By the Authority. | Otherwise. |
| Received operative treatment for— | | |
| (*a*) Diseases of the ear | 4 | .. |
| (*b*) Adenoids and chronic tonsillitis | 620 | .. |
| (*c*) Other nose and throat conditions | 2 | .. |
| Received other forms of treatment | 44 | .. |
| Individual pupils seen at Pretonsillectomy clinic | 244 | .. |
| Total | 914 | .. |

* *Including cases dealt with under arrangements with the Supplementary Ophthalmic Service.*

## GROUP 4.—Orthopaedic and Postural Defects.

| | |
|---|---|
| (*a*) Number treated as in-patients in hospitals | 38 |
| (*b*) Number treated otherwise, e.g., in clinics or out-patient departments | 4,951 |

## GROUP 5.—Child Guidance Treatment.

| | Number of cases treated. | |
|---|---|---|
| | In the Authority's Child Guidance Clinics. | Elsewhere. |
| Number of pupils treated at Child Guidance Clinics | 137 | .. |

## GROUP 6.—Speech Therapy.

| | Number of cases treated. | |
|---|---|---|
| | By the Authority. | Otherwise. |
| Number of pupils treated by Speech Therapists .. .. | 153 | .. |

## GROUP 7.—Other Treatments Given.

| | Number of cases treated. | |
|---|---|---|
| | By the Authority. | Otherwise. |
| (*a*) Miscellaneous minor ailments .. .. .. .. | 14,090 | .. |
| (*b*) Other— | | |
| (i) Chiropody .. .. .. .. .. .. .. | 556 | .. |
| (ii) Neurologist .. .. .. .. .. .. .. | 54 | .. |
| (iii) Paediatrician .. .. .. .. .. .. .. | 195 | .. |
| (iv) Sun Ray Clinic .. .. .. .. .. .. | 1,548 | .. |
| Total .. .. .. .. .. .. | 16,443 | |

## TABLE V.

### Dental Inspection and Treatment.

| | | |
|---|---|---|
| (1) | Number of pupils inspected by the Authority's Dental Officers— | |
| | (*a*) Periodic age groups | 7,078 |
| | (*b*) Specials | 860 |
| | Total | 7,938 |
| (2) | Number found to require treatment | 5,445 |
| (3) | Number referred for treatment | 5,445 |
| (4) | Number actually treated | 7,640 |
| (5) | Attendances made by pupils for treatment | 9,199 |
| (6) | Half-days devoted to— | |
| | (*a*) Inspection | 55 |
| | (*b*) Treatment | 1,394 |
| | Total | 1,449 |
| (7) | Fillings— | |
| | (*a*) Permanent teeth | 3,621 |
| | (*b*) Temporary teeth | 1,758 |
| | Total | 5,379 |
| (8) | Number of teeth filled— | |
| | (*a*) Permanent teeth | 3,621 |
| | (*b*) Temporary teeth | 1,758 |
| | Total | 5,379 |
| (9) | Extractions— | |
| | (*a*) Permanent teeth | 1,376 |
| | (*b*) Temporary teeth | 8,908 |
| | Total | 10,284 |
| (10) | Administration of general anaesthetics for extractions | 2,928 |
| (11) | Other operations— | |
| | (*a*) Permanent teeth | 1,191 |
| | (*b*) Temporary teeth | 445 |
| | Total | 1,636 |

## Child Guidance Clinic.

| | | |
|---|---|---|
| Number of cases referred, 1951, by— | | |
| Schools | | 24 |
| School Medical Officer | | 43 |
| Children's Officer | | 5 |
| Hospitals | | 3 |
| Private doctors | | 9 |
| Court | | 6 |
| Probation Officer | | 8 |
| Parents | | 13 |
| Others | | 7 |
| Outside Salford | | 11 |
| | | 129 |
| Re-referred—Court | 3 | |
| Hospital | 1 | |
| | — | 4 |
| | | 133 |
| Referred because of— | | |
| Enuresis and allied difficulties | | 15 |
| Stealing and truancy | | 38 |
| Failing at school | | 10 |
| Stammer | | 5 |
| Tics | | 6 |
| Aggression | | 17 |
| Sleep difficulties | | 6 |
| Nervousness | | 11 |
| Other behaviour difficulties | | 20 |
| Advice, about placement | | 5 |
| | | 133 |
| Diagnostic interviews— | | |
| Full examination | | 52 |
| Psychiatrist only | | 2 |
| Psychologist and Psychiatric Social Worker | | 43 |
| Psychiatric Social Worker | | 3 |
| | | 100 |
| I.Q.— | | |
| Over 130 | | 4 |
| 120 to 130 | | 10 |
| 110 ,, 120 | | 15 |
| 100 ,, 110 | | 12 |
| 90 ,, 100 | | 21 |
| 80 ,, 90 | | 15 |
| 70 ,, 80 | | 9 |
| Under 70 | | 5 |
| | | 91 |
| Untested | | 9 |
| | | 100 |

| | |
|---|---|
| Waiting diagnostic interview, January, 1951 ... | 66 |
| Referred in 1951 ... ... ... ... ... ... ... | 133 |
| | 199 |
| Seen in 1951 ... ... ... ... ... ... ... ... | 100 |
| Closed without being seen... ... ... ... ... | 44 |
| Waiting to be seen, December, 1951 ... ... | 55 |
| | 199 |
| Children seen for diagnosis ... ... ... ... | 100 |
| Children seen for treatment ... ... ... ... | 61 |
| Number of children seen ... ... ... ... ... | 137 |
| Number of interviews in the clinic ... ... ... | 1,274 |
| Number of home visits ... ... ... ... ... | 175 |
| Number of school visits ... ... ... ... ... | 60 |
| Of those closed unseen (44)— | |
| Improved ... ... ... ... ... ... ... ... | 16 |
| Other agency ... ... ... ... ... ... ... | 11 |
| Unsuitable ... ... ... ... ... ... ... ... | 2 |
| Failed ... ... ... ... ... ... ... ... ... | 9 |
| Refused ... ... ... ... ... ... ... ... | 5 |
| Left area ... ... ... ... ... ... ... ... | 1 |
| | 44 |

## Report on the Examination of Children suspected of being Educationally Subnormal.

| Recommendation. | Boys. | Girls. | Total. |
|---|---|---|---|
| To be notified to the Local Authority as ineducable ... ... | 15 | 4 | 19 |
| Requiring supervision after leaving school ... ... ... ... ... | 3 | 2 | 5 |
| To be admitted to a Special Class for educationally subnormal children ... ... ... ... ... ... ... ... ... ... ... ... ... | 24 | 21 | 45 |
| To be admitted to a Day Special School for educationally subnormal children ... ... ... ... ... ... ... ... ... | 28 | 15 | 43 |
| To be admitted to a Residential School for educationally subnormal children ... ... ... ... ... ... ... ... ... ... | 10 | 1 | 11 |
| To be referred to the Child Guidance Clinic (Maladjusted) ... | 2 | 1 | 3 |
| To be admitted to a Residential School for maladjusted pupils... | 2 | — | 2 |
| To be taken in care of the Local Authority ... ... ... ... | — | 1 | 1 |
| To be treated by Speech Therapist ... ... ... ... ... ... | 3 | — | 3 |
| To be admitted to a Special School for speech defects ... ... | 1 | — | 1 |
| To be admitted to the Spastic Class ... ... ... ... ... ... | 1 | — | 1 |
| To be admitted to a Nursery Class ... ... ... ... ... ... | 1 | — | 1 |
| For home teaching (physically handicapped and educationally subnormal) ... ... ... ... ... ... ... ... ... ... ... | 1 | — | 1 |
| To continue at an ordinary school ... ... ... ... ... ... | 29 | 17 | 46 |
| To be re-examined ... ... ... ... ... ... ... ... ... ... | 12 | 4 | 16 |
| | 132 | 66 | 198 |

COMMENTS ON 1951 STATISTICS COMPARED WITH THOSE OF 1950.

*Routine Medical Inspections.* There has been a definite increase in the total number of children examined during the year both at routine and other inspections.

*Ear, Nose and Throat Conditions.* The number of defects requiring treatment and observation has increased. This is probably due to our improved specialist services in this field.

*Lung Conditions.* There is a marked increase in cases requiring to be kept under observation. This is due, no doubt, to the closer co-operation of the pædiatrician, and also to the improved accommodation for open-air school cases.

*Hernia.* The number of undetected cases of hernia is maintained. This is in spite of the fact that there are now improved facilities for these conditions to be diagnosed under the National Health Service. This is a pointer to the remaining need for the School Health Service, and the importance of the system of routine medical inspection.

*Educational Subnormality.* It is good to note an increase of 30 per cent. in the number of children examined, compared with last year's figure.

*Minor Ailments.* There has been a reduction of 2,500 attendances at the clinics during the year. I feel this is due in part to improved prophylaxis and to the National Health Service.

*Records.* It is pleasing to note that there appears to have been an increase in the number of defects recorded, as a result of the use of the new Form 10M.

## A HISTORY OF THE SALFORD SCHOOL HEALTH SERVICE.

Over a hundred years ago the healthy children were usually those of the rich, aristocratic families, as we can see from the paintings of children at that time. Today, by first-class health services, such healthy children may be found, if not round every street corner, certainly in every school.

Aristotle, considering education, placed gymnastics, or physical exercises, as next in importance to reading and writing. The beneficial effect of healthy exercise was fully realised in Ancient Greece in 600 B.C.

Unfortunately, constant vigilance over the health of the child has not always been the accepted responsibility of the authorities and in the not-too-distant past the heart-rending sight of neglected, under-nourished children was as common, and as easily accepted, as the robust, healthy, well-cared-for school child of today.

Of the conditions of children in 1894, in Bradford, Margaret McMillan writes :—

> " Children in every stage of illness, children with adenoids, children with curvature, children in every stage of neglect, and dirt and suffering. The condition of the poorer children was worse than anything described or painted ; the half-timers slept exhausted at their desks and from courts and alleys children attended school in all states of physical misery."

In the City of Salford with its closely-crowded buildings and factories and its inability to expand, the problem of overcrowding, as in all similar towns, is an ever-present one.

In 1835 the borough of Salford (Salford, Broughton and Pendleton) had about 55,000 inhabitants, but of these only 5,000 children were receiving any sort of real education. There were over 6,000 children whose only education was received in the Sunday School where, of course, writing and arithmetic were not taught on " The Lord's Day."

Teachers were so poorly paid that many depended on the poor-rate relief or followed additional occupations such as shop-keeping and washing. William Axon, a member of the Salford School Board in 1883, recorded that three schools had no books at all and only five of a total of sixty-five were tolerably well provided. Two schools were even kept in cellars and some in situations exposed to noxious effluvia. Most were overcrowded, dirty and damp. Many of the children in two schools were asleep when inspectors called. One master, whose wife and daughter begged him to remain at school, turned them into the street, locked the doors and marched off to the beer-shop where he spent the next fortnight ! Thirty scholars in a school with neither forms nor desks, sat on an old bed and an assortment of boxes, using an old three-legged table as a desk with barely room for three to write at once.

The wife of a Pendleton handloom weaver, lamenting her inability to send the children to day school, said, " they goon to Sunday Schoo', and larn a deal o' good theer."

The standard of teaching was so low that one crofter, after three years at a day school, could once read the Bible but had " quite forgotten how it's done now," and a woman said she didn't learn much because " the mistress used to set the scholars agate o' peeling potatoes and fetching water 'stead of setting them to read."

Many people, decent and hard-working, could not even afford to clothe the children, and kept them at home from shame, and what little had been learnt was soon forgotten. Most children were driven to work at an early age and one, unable to read, said, " I gaed to work when I should ha gaen to schoo'."

All in all the general opinion was that the education obtainable was so poor as to be not worth while.

Among the schools of that day we find the Manchester School for Deaf and Dumb, Old Trafford, the Poorhouse school, the Regimental School at the Infantry Barracks—92 children of soldiers taught by a sergeant—the Manchester and Salford National School, Salford, supported by subscriptions and donations and aided by an annual sum of £20 from the fund given in 1711 by a Mrs. Richards towards education and charitable uses. The Pendleton Day School was established in 1778 by neighbouring farmers. Charlestown Charity School, established 1834 by Mr. Hewitt, was supported by annual subscriptions and open to all denominations—the master had the use of the schoolroom rent-free with a salary of £10 per annum in addition to 1d. per week from scholars instructed in reading, 2d. for writing and 3d. for writing and arithmetic. Altogether about 18 schools are named.

In 1835 there were 5,700 children (10·3% of the population) on the registers of the miserable schools of that day, and in 1882, when the population had trebled, the number of registered pupils rose to 29,800. The rate of increased attendance in the 10 years prior to 1882 was without parallel in the United Kingdom and was an important consideration in the educational problems of Salford.

With the machinery of the " School Board " and compulsory attendance there was less absenteeism. A marked educational improvement took place In Salford the figure of passes in reading, writing and arithmetic was 92·8% compared with 82·0% elsewhere in England and Wales.

Absenteeism still created a serious problem, however, and every week some fifty parents came before the Bye-laws Committee to explain the non-attendance at school of their children. In the majority of cases absenteeism was due to carelessness but sometimes it was due to bleak and bitter poverty. Prosecution was resorted to only when all other measures failed.

Children reared in the depths of poverty and degradation, truants thieves, and associates of thieves, were dealt with by the Industrial School Committee. The Salford Board were at one time responsible for 300 children rescued from the prospects of a life of crime. The minor offenders were allowed home each night, because, whilst the Board were concerned for the welfare of these unfortunate children, it was felt that the parents should not be relieved of the whole of their responsibility. The more serious cases were sent to residential schools.

The information contained in the preceding eleven paragraphs can be found in William Axon's report to the Manchester Statistical Society on " Early Education in Salford."

Much has been done. Much remains to be done. The miserable damp cellar schoolrooms, and washer-woman teachers, such as existed in 1835, are gone. Salford has been well to the fore in the advances made in education and in giving to the poor but clever child an equal chance with the richer class. No longer is education the privilege of a favoured few but the birthright of all children.

As educational facilities were extended it was plainly seen that the child must be made fit to receive such education, and after a number of voluntary experiments in medical inspection, the local authority was given power in 1907 to provide for the regular medical inspection of children in schools. Since the first seeds were planted the school health service has grown beyond recognition.

This service has proved itself a branch of preventive medicine by giving a new emphasis to the importance of the " beginnings " of disease in childhood, by providing physical care and training between infancy and adolescence and so laying the foundation for health in adult life.

To attain the required standard it is vitally essential, said Sir George Newman, that :—

1. Every child, sick or well, shall periodically come under direct medical and dental supervision and, if found defective, shall be " followed up."

2. Every school child found ill-nourished should be properly nourished and every child found verminous should be cleansed.

3. For every sick, diseased, or defective child skilled medical treatment shall be made available either by the local education authority or otherwise.

4. Every child shall be educated in a well-ventilated, sanitary classroom, or in some form of open-air school, and an essential part of its curriculum should be instruction and training in hygiene.

5. Every child shall have daily organised physical exercises of appropriate character.

6. No child of school age shall be employed for profit except under approved circumstances.

7. The school environment and the means of education shall be such as can in no way exert unfavourable or injurious influence upon the health, growth or development of the child, physically and mentally.

These are simple propositions, but together they constitute a minimum standard of the physical claim of the individual child, of the child of the poor equally with the child of the rich.

*Appointment of School Medical Officers.*

It was in 1898 that the Salford School Board appointed a part-time medical officer, Dr. Hewson May, to take over the responsibility for medical inspection of schools and school children. This part-time service continued until 1902 when Dr. C. H. Tattersall became Medical Officer to the Education Department, and Dr. J. J. Butterworth was in charge of the inspection of school children, handicapped children, sanitary conditions of premises, and examining new buildings as regards sanitation ventilation,, lighting, etc.

In 1909 a card index system was instituted to ensure that each child should have a permanent record of medical inspections conducted at intervals throughout school-life. By 1911 over 4,500 children, involving over 12,000 examinations, had been treated, but this was less than half the requirements and an additional Medical Officer was appointed.

At this time there was much absenteeism from school due to physical defects, etc. The general standard of cleanliness was low, skin diseases and pediculosis being common. Among 5-year-old children 1·4% had impetigo, 9% had eczema, and 4% had other " sores." There were many cases of body vermin, and although four parents were fined during this year for child neglect, it seemed of no avail. Among the 12-year-olds 2·2 per 1,000 had epilepsy. Stammering was frequent, among the 12-year-old boys particularly, but breathing exercises, elocution and swimming appeared to have had beneficial effects. In three years, by 1914, the work had increased to include over 16,000 examinations, with the medical staff consisting of the Medical Officer of Health (who was also Medical Officer to the Education Committee), two assistant Medical Officers, a school dentist and four nurses. With the commencement of the First World War, the School Medical staff was seriously depleted by the requirements of the Army Medical Service. A modified service was carried on.

By 1920 there were seven members of the medical staff in addition to the medical officer of health. During the past thirty years the medical staff have seen many changes and each new arrival has brought fresh ideas concerning the improvement of the health of the school child.

*Nurses in Schools.* As early as 1880—27 years before a trained nurse was appointed by the local authority to inspect school children—certain Pendleton ladies provided the finance and organisation to supply trained nurses and midwives among the " poor " districts, which they split up into four—Weaste, Whit Lane, Brindle Heath, and Irlams-o'th'-Height. The nurses were controlled and paid from the Grosvenor Street Nurses' Home, Manchester, until the opening of the Nurses' Home, Crescent, Salford, in 1897.

One of the ladies instrumental in the supplying of the first trained nurses and midwives in Salford was Mrs. Charles Heywood, of " Chaseley," Pendleton.

A keen social worker, she was a manager of St. Anne's School for Infants, Brindle Heath. When this school was found insufficient for the needs of the area, and four nursery schools were opened in front rooms of cottages, all apparatus was provided by Mrs. Heywood. She also arranged with two milk dealers in the district to supply milk—one to three pints—to necessitous people, usually large families, and to school children. At one period she kept a herd of cows in the grounds of her home, from which she supplied milk to the children.

These nurses aimed at a high standard of personal cleanliness in the schools, and any child with a dirty head was quickly isolated from the class, put on to separate forms, and the mother of the child was sent for. The head-teacher would instruct the mother how to clean the child's head, and—if the head had been frequently dirty—would suggest that the hair be kept short.

Usually the heads were very quickly cleaned and, only when the head-teacher had satisfied herself by inspection, was the child allowed to return to the class. Meanwhile minor ailments were attended to by the District Nurse in her own home, before she went out on her district.

I am indebted to the late Miss M. E. Boulton, of Salford, for the foregoing information concerning early school nursing care.

In the autumn of 1881 housewifery classes for schoolgirls were commenced. Miss Romley-Wright, principal of the Manchester School of Domestic Economy, provided staff to teach laundry and cookery, particularly invalid cookery.

Dr. J. J. Butterworth, deputy medical officer of health, Salford in 1907, gives the following interesting account in his annual report :—

> " A Nurse has been appointed to assist in the inspection of the children.
>
> Her main duty has been the detection of lousiness, and assisting at the special examination of children and teachers. Already a distinct improvement in the cleanliness of the children is observable in the schools where she has been working.
>
> I have considered it better to accompany the Nurse on all her first visits to the schools.
>
> The Nurse examines carefully the hair, heads, bodies and clothes of the children. Instructions are given to those children who are dirty. Special lessons in hygiene are given after the visit of the Doctor and Nurse in which the proper way to comb and brush the hair, etc., is dealt with.

The names and addresses of very dirty children are given to the School Attendance Officer who calls and invites the parents to come—together with the child—to the Education Office. The parents are there shown how to clean properly the children. They continue in attendance at the Education Office until the child is fit to go to school.

There are twelve Health Visitors associated with the Health Department. These Health Visitors are constantly visiting homes of the poorest class. It seems possible to associate the Health Visitors with the work of the Nurse. It has been arranged for the nurse to give instructions to those women in the methods of cleaning children, etc."

The first trained nurse for whole-time duty in Salford commenced her duties on December 1, 1907, and on August 17, 1908, a second trained nurse was appointed. The schools in the Borough were grouped into two districts and one district was appointed to each school nurse. Four years later a third school nurse was appointed and, as Dr. Fitzgerald was also appointed to the medical staff, we were able to carry out the full requirements of the Board of Education regarding routine medical inspections.

By 1913 the work of the department had grown sufficiently to necessitate extra nurses. Examinations alone, at which the nurses assisted the medical officers, totalled 17,704 and in addition, treatments and routine duties were carried out.

With the outbreak of World War I, certain medical staff, and two nurses, left to take up military duty and, with a depleted staff, changes in procedure were inevitable. The three remaining nurses had to take over the actual medical inspection of children in schools, referring defects requiring medical examination, or treatment, to central office, where they were seen by the Senior Medical Inspector in the afternoons. This continued until 1917 when the number of whole-time nurses was again, fortunately, returned to five.

By 1920 twelve nurses, supervised by a superintendent nurse, were engaged in the welfare of the school child. This branch of the work is still increasing, and the school nurse is welcomed as a friend by children, teachers and parents.

*School Meals.* As early as 1895 we see a reference " have distributed 20 tickets each day for the Mayoress's soup kitchen at the Town Hall." The Education (Provision of Meals) Act, 1906, provided for the supply of meals to school children. The sanction of the Board of Education was obtained to spend, during the year 1912—1913, such a sum (not exceeding the amount which would be produced by a rate of one farthing in the pound) as would meet the cost of provision of meals under this Act. During the Docks strike of September and October, 1913, 1,748 children had 19,828 meals. Whilst school meals are not directly a part of the health service the adequate feeding of the child is a valuable contribution to his well-being. We are gratified by the wonderful development and high standard of this service. The present annual total of all meals served—dinners, breakfasts, and teas—is approximately 2,750,000. No school child need be hungry today.

Plato describes how children ate their meals to the sound of music, and sang praises " to the Gods "—the equivalent of our saying grace and having flowers on the table. During the school meals of today an unobtrusive attempt is made not only to cultivate the social graces but to teach food values, health habits and mutual helpfulness. School meals, at their best, can be of high educational and social value to the child.

Care of the Teeth.

The reports for 1909-10 on dental inspection revealed some disturbing facts. Among 12-year-olds, 28% boys and 25% girls had over four decayed teeth, and among 5-year-olds, 44% boys and 39% girls had over four decayed. The proportion of decayed teeth would no doubt have been found to be greater had the examination of the mouth been made with dental probe and mirror in each case but the figures are sufficient to show the serious extent of dental caries among school children. They also show that the greater number of defects were found among boys and girls. " Urgent treatment was essential not only because of the pain but for other far-reaching effects such as inefficient mastication resulting in dyspepsia and poor nutrition, with enlarged glands due to chronic suppuration."

In April, 1914, a school dentist and an additional nurse, was appointed but actual treatment could not commence until August when the dental clinic was equipped. The following figures show the rapid growth of this service.

| | 1914. | 1916. | 1918. | 1920. | 1930. | 1940. | 1950. |
|---|---|---|---|---|---|---|---|
| Number of children treated ..... | 472 | 1,192 | 2,135 | 3,954 | 8,420 | 5,410 | 6,223 |
| ,, ,, dental extractions ... | 589 | 1,584 | 2,438 | 5,729 | 17,115 | 9,309 | 8,941 |
| ,, ,, ,, dressings ..... | 23 | 73 | 93 | 88 | 638 | 1,224 | 1,506 |
| ,, ,, ,, fillings ..... | 655 | 1,282 | 960 | 2,485 | 4,899 | 3,237 | 3,230 |
| ,, ,, ,, scalings ..... | — | 67 | 147 | 446 | 708 | 536 | 232 |

This remarkable increase in numbers revealed the fact that the parents appreciated the work done at the clinic, and also that the children were not afraid to have the offending teeth removed. Very few failed to keep appointments, and there were 1,161 " casual " attendances of children who came for treatment without first being invited.

The work of the school dentist in the clinic was greatly facilitated in 1919 by the installation of an electrically-driven dental engine to replace the treadle-machine.

A second school dentist, commenced duty early in 1920, enabling additional school dental inspection to take place. During this year the teeth of 5,985 children were inspected.

In 1944 a long-felt need was met when a Consultant Orthodontist was appointed. Although only in an improvised work-room he was able to undertake almost all types of cases using the latest forms of stainless steel apparatus. The rare cases involving extensive surgical treatment were sent by appointment to the Manchester Dental Hospital.

There were 225 visits made by children in 1950 to the Orthodontist and 54 appliances were fitted.

Dental treatment sessions are now held at Regent Road, Police Street, Encombe Place and Murray Street Clinics, which render service, not only to school children but to pre-school children, and expectant mothers referred from the maternity and child welfare centres.

Speech Therapy.

The early reports of the School Medical Officer show that around 1908-1912 stammering was fairly common, more especially among boys than girls. An average of 1·5% among 12-year-old boys was shown. Teachers were encouraged especially in infants' departments to pay increased attention to elocution and breathing : swimming was also encouraged with apparently good results.

About 1926 a special class for stammerers was operating at St. Ambrose School and, up to 1931, 41 pupils (30 boys and 11 girls) were discharged and kept under observation. Of these twelve were completely cured, others showed marked improvement, and only two showed no permanent benefit.

During 1944 Speech Clinics were held in three Salford schools, each clinic being visited twice a week by the speech therapists. A hundred and three children were under treatment during the year, but there was still a waiting list of 123 and cases were put under treatment in order of severity or likelihood of responding to treatment. In other cases advice was given to parents on how best to help the children to overcome their difficulties.

In 1945 a new Speech Clinic was opened to centralise treatment, and questionnaires to head-teachers disclosed that roughly 2% of the school population, which was the figure expected, were estimated to have defective speech.

Minor Ailments Clinics.

It is a far cry to the days of inadequate treatment before our first clinics opened, but today the Minor Ailments Clinic has inspired such confidence in the children that they look forward to attending. Our Regent Road Centre opened in 1912 to replace the clinic at the Education Offices. Present-day treatments total around 80,000 annually at our many centres.

Eye Clinic.

Special attention has been given to the question of children's eyesight under the supervision of the School Medical Officer.

In 1904 teachers were instructed on how to perform the initial sight test and, where the result was below a certain standard, the parents were advised to consult a medical practitioner, or to bring the child to the Committee's Medical Officer. If glasses were required these could be obtained for 3s. 6d. a pair, payable weekly if the parents so desired.

The pressure of work became so intense that the School Medical Officer could not devote sufficient time to eyesight and a qualified practitioner was appointed for two half-days per week. Dr. McNab commenced duty in September, 1908.

A system of recording vision tests by age groups was instituted in 1909. In 1913 a full-time assistant medical officer with special qualification for dealing with the eyesight of children was appointed.

During World War I, there was a serious curtailment of progress in all departments, but immediately following this clinic a more comprehensive system of sight-testing was evolved.

Dr. Dorothy Simmons was appointed in 1927 and all external eye diseases were referred to her weekly clinic at Regent Road. It was set up in September, 1927, and at the end of that year cases examined and treated numbered 359.

A full-time Orthoptic Clinic was opened in August, 1938.

The scope of this branch of the School Health Service has been greatly increased in recent years and in 1950 there were 2,130 cases of refraction, involving the prescription and supply of 1,223 pairs of glasses.

Two thousand five hundred and nine children attended for Orthoptic occlusion and routine inspection, and 305 required treatment. Forty-eight squint operations were performed. Artificial eyes are now supplied free of charge.

External eye diseases, more prevalent in spring and autumn, vary in number considerably. Blepharitis, conjunctivitis and corneal ulcers are not frequent due to continuous treatment with modern medicine, and the improved health of the Salford school child.

### Advancements in the Treatment of Ringworm.

There was a time when the treatment of ringworm was taken in hand by the local chemist or barber, inexpertly dealt with at home, or abandoned completely because of the necessity for lengthy attention.

According to Sabouraud the average time for cure was 27 months, but even when parents were doing their utmost with daily treatment, it was common for cases to persist for two or three years or more. Parents became discouraged or could not afford to continue paying the private doctor, so treatment lapsed. There was a tendency among doctors to pronounce cases cured before they actually were, and there was friction with the parents when the Medical Officer refused to re-admit a child to school because it still had fungus-infected patches in the scalp. Regular checks on progress and treatment were then enforced.

During 1909 school nurses concentrated on the treatment of ringworm and it was proposed that X-rays should be used. The Board of Education agreed on condition that—

(1) 2s. 6d. per case was contributed ;
(2) treatment was given only by skilled operators ;
(3) that a room be specially set aside for this purpose ;
(4) that the local Education Authority ensured that no child with ringworm be allowed to attend school ;
(5) cases were treated only on authority, and under supervision, of the School Medical Officer.

Of 500 cases of ringworm of the scalp in 1910, 58 were treated at the Central Office, and 36 were cured in an average of four and a half months (compared with the $2\frac{1}{2}$ to 3 years treatment with ointments). Even this was considered unsatisfactory, due to the fact that X-ray power was supplied from storage batteries only, and in 1911 this method of treatment was entirely suspended pending better equipment and increases in the medical staff.

The high incidence of ringworm, before the effective use of X-ray methods, is shown in school medical service reports. In 1909 there were 111 cases of ringworm of the scalp ; in 1910 there were 500 cases, and in 1911 716, with 241 cases of body ringworm.

Authority was received in 1912 for X-ray apparatus to be installed. This apparatus was done in April, 1913, and cases were treated by epilation of the scalp, either whole or in part. An assistant medical officer and a nurse undertook special training in this work at a London hospital.

From this time onward the incidence of this disease rapidly declined and children who previously had the disease for 18 months returned to school, cured, five weeks after application of the rays.

We find that in 1921 the charge for treatment by X-ray was doubled—from 2s. 6d. to 5s. 6d.—but the rapidity of complete cure fully compensates for this.

Today the diagnosis of ringworm is aided by use of the Wood's lamp ultra-violet ray and cases requiring epilation are referred to the Manchester Skin Hospital for treatment.

It seems too much to hope that this disease will be completely eradicated, but there is definite indication that very soon the number of cases will be negligible. Even now the presentation of a case of ringworm is an exception rather than the rule.

Greengate Hospital and Open-air School. (From information supplied by Mrs. C. U. Frankenburg).

When Dr. Grimke began his pioneer work on rickets in Salford in 1872 he laid the foundations of great work which has continued ever since at the Greengate Hospital and Open-air School, not only for children with rickets —which is practically non-existent today—but for the not-so-healthy children in need of proper care and attention.

Every Sunday evening weakling children come into " Greengate "—which is far from green in its surroundings, nestling as it does, in one of the grimiest industrial parts of the City—and leave again for their homes on Friday. Their only treatment is adequate rest, good food, exercise and happiness. The results in the improved health of the little patients during the past 50 years or so are a striking testimony to its value, and the strides forward in the care of these weaker children indicate the great progress made in the health services for school children.

In 1876 Dr. Grimke opened his Salford Medical Mission—in the same old buildings he had bought in Greengate—and began his pioneer work on rickets, twisted limbs of Salford children, a work which was later continued, and expanded, by Dr. Mumford. When Dr. Grimke died in 1877, Mrs. Grimke was persuaded by Sir William Mather to share her building with the Salford Day Nursery (opened in 1883). She handed over the entire building to trustees, but continued to defray the Salford Medical Mission expenses entirely out of her own pocket. The " Greengate Hospital and Open-air School " came into being, as such, in 1902, and on the death of Mrs. Grimke, it seemed it must

close. The attending physicians appealed to Sir William Mather for assistance. He promised £100 a year for five years if the physician would gather sufficient friends together to place it on a permanent public basis. After five years Sir William was satisfied with the success and continued to subscribe to its support.

" Had it not been for his support," said Dr. Mumford, " the Institute would have long since been given up instead of increasing its activity year by year." He took a great interest in the hospital for many years and made its reputation for the cure of rickets.

" Greengate believes so strongly in family life that some 30 years ago, when they were offered a large Government grant, on condition that they removed to the country, they refused it, preferring not to separate the children from their homes, but to ' educate ' the parents by proving that they could be cured in the next street without the magical ' country air ' ! "

The hospital was recognised by the Board of Education as a Special School in 1903 ; the first trained teacher was appointed in 1905 and the first trained matron in 1909. In 1917 the Dispensary and Day Nursery Committees amalgamated, and Matron Gentles—who stayed until July, 1942—was appointed. It was in 1919 that the late Dr. Montessori visited Salford to see this hospital and Nursery School—the first Nursery School to be registered in Great Britain. Four years later a building in Back Hampson Street was used for a school, and in 1924 it began admitting children much younger—saving deformities which took so long to correct. The local public health authority asked for admission of $2\frac{1}{2}$-year-olds to 4-year-olds.

Because it is also a school, Greengate Hospital was not taken over by the State in 1948, yet its 40 beds are always full and there is a long waiting list.

The children are always made to feel that they " belong " to somebody. They are cared for in groups, each group under its own particular nurse.

Parents are asked to contribute 5s. 0d. per week mainly to make them realise the hospital is their own. Most of the hospital's funds come from public charity. Two of the poorer streets once decorated their houses and pavements and collected £30 for " our hospital," and a local darts team sends its regular contribution.

In " The Nursery World " of April, 1950, Mrs. C. U. Frankenburg quotes from a report of two Ministry of Education inspectors : " There was an obvious feeling of security and a sense of ownership of the place—a first rate relationship between children and staff—the best group of children seen since the war."

Mrs. Frankenburg tells of an American officer who, during the last war, came to inspect her home—where the hospital lived at the time—with a view to commandeering it for his men. He saw the children, heard a little about them and exclaimed : " I would as soon think of commandeering Buckingham Palace ! "

## Trends in Mortality and Causes of Death of Children, aged 5 to 15 years, from 1901 to 1950.

During the past 50 years the mortality rate of the 5 to 15 age group of the population has decreased from 4·6 per 1,000 to 0·5 per 1,000.

## Causes of Death.

The maximum number of deaths from enteric fever during the past 50 years was eight out of 46,863 (5-15 population) in 1901. The last death was in 1927. The number of deaths through measles was consistent up to 1936, with a maximum of 11 deaths out of 44,000 in 1916. There have been two deaths during the last ten years.

There were many deaths from scarlet fever up to the middle 1920s—24 in 47,876 in 1914—but they have tailed off, and no cases of death have been reported since 1940. The danger of death from whooping cough has now disappeared. Diphtheria, which took a very heavy toll—45 out of 46,863 in 1901—caused the death of only two children in 1946 and none since.

Deaths from influenza were few and sporadic until 1918. There were 55 deaths between 1919 and 1923. There was a sharp drop to four, and since 1943 no deaths have occurred.

Deaths from tuberculosis of the respiratory system were very prevalent up to 1923, there being 28 in 1916. Five children died in 1942, but there have been no deaths since 1946. The first deaths notified from T.B. Meningitis were in 1911, and the maximum number was in 1918 when there were 23. There were only three in 1946, and over the last ten years the highest number has been five.

Since 1911 and up to 1936, deaths from rheumatic fever have averaged three per year. In the last ten years there have been five deaths. Since 1918, when there were nine deaths from meningitis, fatalities from this disease dropped and disappeared from 1938 to 1945, when there was one death. There has been none since 1948. Deaths from cerebro-spinal fever were first reported in 1912, with a maximum of four in 1916, but they disappeared in 1942.

Heart disease was a consistent cause of death up to 1946, with a maximum of 16 deaths in 1905. This figure gradually declined, and over the last ten years there have been 20. Deaths from bronchitis have slowly declined since 1929 (when there were five) and in 1949 there was only one.

Deaths from pneumonia—a major cause of death up to 1942—showed a rise from 10 to 32 in 1918. There has been a rapid decline since the early 1940s, probably due to the use of anti-biotics. Deaths from other respiratory diseases have virtually disappeared since 1933 and there have been only three cases during the last ten years.

Deaths from diarrhœa and enteritis were sporadic but fairly common up to 1922. There were six deaths between 1929 and 1933 and has been none since. Appendicitis deaths first appeared in 1911, but had practically disappeared after 1941. Deaths from other digestive diseases—first recorded in 1932—averaged about three per year up to 1942, and none since 1948.

In 1911, when deaths from nephritis were first noted there were seven out of 49,002. Deaths due to congenital debility have been sporadic and negligible, and there have been five cases in the last ten years.

During the past 50 years no deaths from smallpox have been recorded ; four have been recorded from encephalitis, and two from erysipelas. There have been three deaths from venereal disease, three from poliomyelitis, and only one from diabetes. Cancer deaths have been few and sporadic, the maximum figure being three in 1941. There have been three deaths since then.

Accidents and other cases of violence have been a consistent cause of death in this age group—5 to 15—and the proportion of deaths from this cause has greatly increased since the 1920s. In 1901 there were 18 deaths out of a 5-15 population of 46,863, and in 1949 there were five deaths out of 24,320.

Deaths from other defined diseases first became prominent in 1911. The figure of 31 out of 49,002 population continued steadily until the early 1930s, and has then declined to date. The number of deaths from undefined cases, which was high in 1901 (41 per 46,863) fell rapidly from 1910 and virtually disappeared except for three cases after 1921.

Deaths from brain and nervous diseases were first recorded in 1907, when there were 12. They disappeared in 1910, but reappeared in 1941, and in the last ten years 16 deaths have occurred.

Conclusions which may be drawn from these statistics are (1) that zynotics are no longer causes of death in this age group ; (2) that fatal respiratory tuberculosis seems to have disappeared, but deaths occur from other tubercular diseases ; (3) that defined diseases are the most consistent killers ; (4) that brain and nervous diseases are still a cause of death ; (5) accidents have always taken a steady toll, and the proportion of total deaths from this cause in this age group has risen considerably in the last 50 years, particularly from 1921 onwards.

It is a pleasure to record appreciation of the consideration which has been given by you, Mr. Chairman, Ladies and Gentlemen.

This, then, is the report which I now submit. Any suggestions for improvements to our work, or criticisms of it, are always welcome.

I have the honour to be,

Your obedient Servant,

J. L. Burn

School Medical Officer.